

**Ector County Independent School District**  
Request for Student Cumulative Record Folder/AAR Score-Card

Date of Request	Requesting Campus	I. D. #	Student's Last Name	Student's First Name	Grade Level	D.O.B.	Last ECISD Campus & School Year Attended

PERSON REQUESTING: \_\_\_\_\_

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_

REQUEST COMPLETED BY: \_\_\_\_\_

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_

DATE: \_\_\_\_\_

DELIVERED BY: \_\_\_\_\_

RECEIVED BY: \_\_\_\_\_