

San Felipe Del Rio
Consolidated Independent School District



P.O. Drawer 428002

Del Rio, Texas 78842

To: PEIMS Data Quality, Compliance & Accountability

Fr:

Cc: File

Re: Request for Restoration of Historical Credits

Date:

Transcript and attendance record reviewed by _____

Attendance Committee according to the Texas Education Code Sect. 25.092.

Student Name: _____

Six-digit ID: _____

Courses for which credit is being restored

(Description - Course Name, Year, Semester, Staff Signature and Date)

Course	Year	SM1	SM2	Signature	Date

I have entered all applicable information in order to sign and submit this request.

Principal's Signature: _____

Date: _____

*I, _____, hereby sign and agree that the information listed above is true and correct. (Alternate/Campus staff signing in lieu of campus administrator)

Alternate's Signature: _____

Date: _____