



SOCORRO INDEPENDENT SCHOOL DISTRICT

Transcript Request Form (Former Students Only)

Today's Date: _____

- Official Transcript
- Unofficial Transcript
- All Academic Records *(Please note that there may be fee for records and they must be picked up in person)*
- Other: _____

Information of Student: (As it would appear on record — Please Print)

_____ Date of Birth: _____
 Last Name (Maiden Name) First Name Middle Name

Address:

_____ City _____ State _____ Zip Code _____
 Number and Street

Graduated? YES NO

If Yes: _____
 Graduation Year School Name

If Not: Last Year Attended: _____ Last Grade Attended: _____

Last School Attended: _____

Information of Requestor (Please Print)

Name: _____

Current Address: _____

Phone Number: _____

Reason for Request: _____

Signature of Requestor (Print & Sign) _____

How would you like your transcript delivered?

Hold for Pick-up

E-mail to: _____

Mail to: _____

OFFICE USE ONLY

Received: _____ Completed: _____ Prepared by: _____

NOTE: It takes 5 working days to process record requests. Omission of requested information listed above may delay the response. Current/Active students, and recent graduates must request transcripts/records at their school. Only the owner of the transcript/records may request their information, unless a release form or power of attorney is provided along this form.