



SOCORRO INDEPENDENT SCHOOL DISTRICT

Transcript Request Form (Former Students Only)

Date: _____

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

Name: (As it would appear on record — Please Print)

Last

First

Middle

Address:

Street or P.O. Box No.

City

State

Zip Code

Phone Number

Graduated? YES NO

Year

School Name

If NO, Last Date Attended: _____ Last Grade Attended: _____

School Name: _____

Date of Birth: _____

Signature of Person Making Request

Reason for Request

Hold for Pick up Mail to: Name: _____

Email to: _____ Address: _____

City, State, Zip: _____

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.