



# 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

Submit to: \_\_\_\_\_ Submit to: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

E-mail Address: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**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.**