

TRANSCRIPT REQUEST FORM

**Devine High School
1225 W. Hondo
Devine, TX 78016**

Date: _____

Name: _____ Maiden Name: _____

Date of Birth: _____ Soc. Sec. No.# _____

Contact Phone #: _____

Year of Graduation: _____ Did Not Graduate: Last Year Attended _____

Signature: _____

Student signature required if over 18 years of age. Both federal & state law safeguards student records from unauthorized inspection or use & provide parents & "eligible" students certain rights. For the purpose of student records, an "eligible" student is one who is 18 years old or older & who is attending an institution of post-secondary education.

Number of transcripts needed: _____ Official Transcript _____ Unofficial Transcript
(Sealed, embossed and bears an Official Signature) (Not sealed, no embossed seals)

(Please note- official transcripts must be sent directly between school districts, colleges, or universities)

Normal Delivery 5 day processing

NOTE: Parents and spouses may not request transcripts for student's age 18 or older.
Picture identification card and signature are required when picking up requests.

"Pick up" by: _____ (initial to authorize pick up by this person): _____

PLEASE MAIL MY TRANSCRIPT:

FAX MY TRANSCRIPT TO:

SCHOOL/COMPANY: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP CODE: _____

COMPANY: _____
FAX NUMBER: _____
ATTENTION: _____

****OFFICE USE ONLY****

Date: _____ Mailed: Picked up: Other: By: _____