Coleman Independent School District

***HIGH SCHOOL TRANSCRIPT REQUEST FORM***

***Full Name*** that will appear on school records:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last (Print) First Middle

***Date of Birth*** (month/day/year): \_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_

***Social Security Number***: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last high school campus attended: □ Coleman □ Novice □ CAP

Year of Graduation or last year enrolled: \_\_\_\_\_\_\_\_\_\_\_ Did student graduate? □ Yes □ No

Daytime Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

▪ ***Will you need an official copy requiring a district seal?*** □ Yes\* □ No

*\* If answer is yes*, official copies must be sent directly to the requesting college/university/

 agency by the school district.

▪ ***Do you wish to pick up the transcript in person?***

 □ Yes\* (*A photo ID will be required*)

 □ No,

***Please send by:*** □ Mail □ Fax

***Mail Transcript to:*** Recipient: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State & Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Fax #*** *(not official)****:*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student Signature:** (current name used) **Date**

Submit form to: Coleman High School\*\*

201 West 15th Street

Coleman, TX 76834

FAX: 325-625-4557

PH: 325-625-2156 during office hours.

 \*\* June & July contact the CISD Adm. Office at 325-625-3575 for instructions to request transcripts.