



OFFICIAL TRANSCRIPT REQUEST

FULL NAME (at time of enrollment)

DATE OF BIRTH

PHONE NUMBER

LAST 4 OF SS#

YEAR OF GRADUATION

TRANSCRIPT MAILING ADDRESS:

(Name)

(Mailing Address)

(City, St., Zip)

By signing I agree to the conditions below and give my permission for the above mentioned third party to inspect or secure a copy of my student record (accumulative record).

SIGNATURE OF STUDENT

DATE

- ♦ *A fee of \$3.00 is charged for every student transcript. Only the person above or parent/legal guardian has the right to request and pick up the student transcript.*
- ♦ *TISD reserves the right to take up to 10 business days for student transcript(s) to be issued.*
- ♦ *TISD **will not** fax or email student transcript(s) for privacy concerns.*
- ♦ *Please email the request form and a copy of your ID to AguilarR@tisd.us.*

Vision: *Believe we can succeed, with pride we will achieve.*

Mission: *The mission of the District is to educate and inspire students in a safe and supportive environment which will result in closing the achievement gap by preparing all students for college readiness and success in a global society.*