



# ALVARADO HIGH SCHOOL

1301 S. PARKWAY ALVARADO, TX 76009 817.783.6940

## Alvarado High School Transcript Request Form

Current Name: \_\_\_\_\_

Any former names: \_\_\_\_\_

Last year you attended AHS: \_\_\_\_\_ Did you graduate? Yes \_\_\_ No \_\_\_

Date of Birth: \_\_\_\_\_ SSN (optional): \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_ Number of official (sealed in an envelope with school stamp)

\_\_\_\_\_ Number of unofficial (not accepted by most colleges, employers)

\_\_\_\_\_ I will pick up my transcripts (can be picked up in the AHS office 48 hours after request)

\_\_\_\_\_ Please mail my transcripts to me

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Please mail my transcripts directly to the following college(s)/school(s)/employer(s):

1) \_\_\_\_\_ 2) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3) \_\_\_\_\_ 4) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of authorized third party individual my transcripts may be released to (Photo ID required):

Third Party Individual: \_\_\_\_\_

Requestor's signature: \_\_\_\_\_

brainards@alvaradoisd.net, fax 817.783.6954, or mail – PO Box 387, Alvarado, TX 76009 – Transcript Request Form to Shaunda Brainard, Registrar, Alvarado High School)