FLORESVILLE INDEPENDENT SCHOOL DISTRICT FINAL TRANSCRIPT REQUEST

Student's Name:	Date of Birth:	_ Year of Grad:
Transcript(s) is/are to be: MAILED BY SCHOOL	HAND CARRIED BY STUD	ENT/PARENT
Number of transcripts needed:		
Transcript(s) to be sent to: (please check)		
PALO ALTO BAYLOR	UTSA	TEXAS STATE
ST PHILIPS HOUSTON BAPTIST	UNIV OF TX at AUSTIN	TLU
SAN ANTONIO COLLEGE UNIV OF TX at	TEXAS A&M at	TEXAS TECH
OTHER: (Please provide address for out of state colleges/un	iversities):	
	1.2	
Standardized test scores (ACT, SAT, PSAT, AP, TAKS) will be included.		
DUAL CREDIT STUDENTS: If you have earned dual credit, to your community college program to receive dual credit AUTOMATICALLY. The community college will not forw transcript showing you have graduated from high school Check here to request your dual credit transcript(s). Dual Credit transcript is to be sent to: Palo Alto St	t. FLORESVILLE HIGH SCHOOL ard a transcript to your college	DOES NOT SEND IT
PLEASE NOTE:		
 The FINAL transcript will be mailed as soon AFTE Final Transcripts will NOT be mailed to your hom picked up from the Counseling office. Final transcripts are stored at the campus for the Final Transcripts. Please contract FISD Administration 	e. They will either be mailed to	
Student or Parent Signature	Date R	equested
Judenic Or Farchic Dignoture	- Jack	
OFFICE USE ONLY		
DATE READY FOR PICKUP		

(04/10)