

PEARSALL INDEPENDENT SCHOOL DISTRICT



STUDENT TRANSCRIPT REQUEST FORM

1. **A Photo ID and signature of the student is required for all transcript requests.**
2. For former students age 18 or older, transcripts can only be released to another person with written consent from the student and a copy of the Photo ID of both the student and the person picking up the transcript.
3. **There is a \$2.00 fee for each transcript requested. Cash in the exact amount or a money order is required.**
4. Please allow 5-8 business days for processing.

Student's Current Name _____ Date of Request ____ / ____ / ____

Student's Name While Attending PISD (if different) _____

Student's SS# ____ - ____ - ____ Student's Date of Birth ____ / ____ / ____ Daytime Phone ____ - ____ - ____

Student's Current Street Address _____ City _____ State ____ Zip ____

Last PISD School Attended _____ Year ____ of Graduation Withdrawal

Number of Copies Required:

Transcript High School ____ Certified ____ Copy

Purpose of Transcript: Employment School Military Legal Document Other

Transcript is to be:

Mailed to the following address:

Picked Up

(Optional) I authorize _____ to pick up the academic records I have requested.

For students 17 years or younger: _____ Date: _____
(Signature of Parent)

For students 18 years or older: _____ Date: _____
(Signature of Adult/ Former Student)

Signature of Person Picking Up Documents: _____ Date: _____

For Office Use: By : _____ PEIMS / Secretary Fee Collected By: _____

Date: ____ / ____ / ____ Fee Paid \$ _____ Cash Money Order # _____ Receipt # _____