



S. G. Academy High School Transcript Request Form

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Phone (361)384-5041 ext. 2003 Fax (361) 592-5335

Date: _____

(Transcripts may take 2 – 5 Business Days before being processed)

Total **OFFICIAL** copies requested _____

Total **UNOFFICIAL** copies requested _____

Send to:

School/Attn

Address

City State Zip

Send to:

School/Attn

Address

City State Zip

Send to:

School/Attn

Address

City State Zip

Check all that Apply

_____ Electronically (Not an Email)
(For TX Public Colleges only)

_____ Send By Mail

_____ Fax# () _____
Contact Person: _____

_____ Pick up in person

My records will be found under.

Name:

Last First MI

Student ID : _____

Phone #: _____

Year of Graduation: _____

Signature: _____

Notes to Registrar: _____

FOR OFFICE USE ONLY

Date mailed: _____ **Electronically Sent:** _____ **Faxed:** _____

Picked Up: _____ **Notes:** _____
