



SHELDON I.S.D.

TRANSCRIPT / VERIFICATION REQUEST

This form must be notarized unless records are picked up in person with valid ID.

(Esta planilla debe ser notariada a menos que la transcripción sea entregada en persona con ID.)

Only student or parent/legal guardian can request records (sólo el individuo o padre/guardián legal puede solicitar su records)

Date (fecha): _____ Type of Record Needed (Tipo de record)

Student ID _____ High School Transcript (Transcripción de Preparatoria)

Education Verification (Verificación de educación)

Other (otro) _____

Student Name (nombre del estudiante)

Maiden name, if different from name above (nombre y apellido de soltera, si es diferente al de arriba)

Parent/Guardian Name (Nombre del Padre/Guardián)

Social Security Number (número de seguro social) _____

Date of Birth (fecha de nacimiento) _____

Phone number (número de teléfono) _____

Current Students (estudiantes actuales):	Past Students (estudiantes pasados):		
Grade Level (grado) _____	Sheldon ISD Graduate? (¿graduado de Sheldon ISD?)	YES (sí) _____ NO (no) _____	Year of Graduation: (año de graduación) _____ or Last Year Attended: (Último año en Sheldon I.S.D.) _____
	KASE Program? (¿Programa KASE?)	YES (sí) _____ NO (no) _____	

Will records be picked up? (Entrega de records)

_____ Yes, I will pick up (sí, yo los levantaré)

_____ No, mail to address below (envíelo a la dirección de abajo)

Number of copies (número de copias) _____

Mailing Address - include city, state & zip code (dirección - incluir ciudad, estado y código postal)

Signature (required) (firma del solicitante (requerida))

NOTARY USE ONLY:	
State of _____	
County of _____	
Before me, _____, on this day personally appeared _____	
known to me, or proved to me on the oath of _____ or through _____	
(identification type) to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that she/he executed the same for the purposes and consideration therein expressed.	
Given under my hand and seal of office this _____ day of _____,	
(seal)	Notary Public's Signature

Please allow 3 business days to process your request

Request and copy of ID (if being mailed out) should be sent to:

Graduation or W/D within last 4 school years: CE King High School - Registrar

Address: 8540 CE King Pkwy Houston, TX 77044 Phone: 281-727-3500 Fax: 281-459-7346

All other years: Sheldon ISD Admin. Bldg. - Attn: M. Dumas Address: 11411 CE King Pkwy Houston, TX 77044

Phone: 281-727-2013 Fax: 281-727-2087 e-mail: marilyndumas@sheldonisd.com