



TRANSCRIPT REQUEST FORM

Name of student (while in school): _____
Last First Middle

Student ID # (or social security #): _____

Current student Former Student ♦ Year of Graduation: _____

Current Students: Pick up at Lago Vista High School **unless** the receiving school/scholarship/agency specifies that the transcript be mailed directly from the school.

Former students: MAY request transcripts by fax. Indicate address where transcript should be mailed. **You must include a copy of your valid driver's license or state ID when faxing request.**

Fax # if transcript will be faxed: _____

Test Scores: I authorize the following option regarding test scores.

INCLUDE all test scores _____ (initial)

DO NOT include all test scores: _____ (initial)

Number of transcripts requested: _____

Remarks or other instructions _____

Student signature: _____

Phone number: _____

Email: _____

**NOTE: ALLOW 3-5 DAYS TURN AROUND TIME FOR MOST TRANSCRIPT REQUESTS.
PLEASE PLAN ACCORDINGLY**