

THS STUDENT RECORDS REQUEST FORM

FIRST NAME: _____ LAST NAME: _____

STUDENT ID# _____ OR LAST 4 OF SS# _____ DOB ____/____/____ GRADE LEVEL _____

OR GRAD YEAR _____ AGE _____ TODAY'S DATE IS ____/____/____ TELEPHONE _____

X _____

SIGNATURE REQUIRED/Students under the age of 18 must have a parent signature for official transcript to be mailed to any institution.

We DO NOT have your transcript if you: 1.) Graduated From Edward's Academy, please call 254-215-6932.

TRANSCRIPTS - 4 BUSINESS DAYS MINIMUM TIME FOR PROCESSING

NUMBER OF TRANSCRIPTS REQUESTED _____ (\$5.00 PER COPY IF NOT A CURRENT STUDENT)

Include testing. Please specify: TAKS SAT ACT EOC (Only if available)

Include GPA and Class Rank

I will pick up

Please mail

MUST PROVIDE ADDRESS TO BE MAILED! **WE WILL NOT MAIL TO A RESIDENTIAL ADDRESS!

NAME OF INSTITUTION 1: _____

ADDRESS: _____

NAME OF INSTITUTION 2: _____

ADDRESS: _____

NAME OF INSTITUTION 3: _____

ADDRESS: _____

(Please use back of form for additional addresses.)

PERSONAL RECORDS—PLEASE ALLOW 2 DAYS FOR PROCESSING

LETTER VERIFYING STUDENT ENROLLMENT AND GRADUATION DATE

SHOT RECORDS REPORT CARD SS CARD BIRTH CERTIFICATE ATTACHED FORM

For Office Use Only: Completed Date ____/____/____ Notes: