

NORTH EAST INDEPENDENT SCHOOL DISTRICT

8961 TESORO DRIVE SUITE 414– SAN ANTONIO, TEXAS 78217 PHONE: 210-407-0346/FAX 210-805-5332

TRANSCRIPT RELEASE FORM

- All transcripts (<u>official or unofficial</u>) are \$5.00 each (cash, check or money order).
- Picture Identification and Signatures are required for all requests.
- Allow five business days to process this request.

Number of Copies:						
Student's Name When Attending	School:					
Student's Current Name:						
Student's Current Address:						
City/State/Zip:						
Phone:	Date of Birth:	of Birth: Student ID#:				
Year of Graduation:	Scho	ool of Grad	uation:			
If not a graduate, Last Year of Attendance:		School of A	attendance:			
Purpose of Transcript: Employs	ment Student	Transfer	Military	Education	Other Send	
Transcript To:						
Address:						
City/State/Zip:						
To The Attention Of:		Phone:				
Parents and/or	Spouses may not requ	est transcript	s for students ag	e 18 or older.		
Student Signature if 18 or over:				Date: _		
Parent Signature if under 18:	Date:					
******	***********FOR OF	FICE USE C)NLY*****	*****		
Released to:	PAID	CASH	M.O. CHEC	K#RE	CEIPT#	
ID Verification:		Expiration Date:				
VI: C . 11.	Date Conti					

possibility of alteration. A transcript copy will be marked or stamped "OFFICIAL COPY" only at the time of release to another institution or student approved recipient, EXCLUDING PARENTS. This stamp or manual entry is never put on the original file document and is not placed on the copy provided to the student or family.

July 2017