

## Southwest High School Southwest Independent School District

Southwest Independent School District 11914 Dragon Lane, San Antonio, Texas 78252 (210) 622-4500 phone • (210) 622-4501 fax



## TRANSCRIPT ORDER FORM

First	•	Family Educational Rights and Privacy Act of 1974, as amended, student
A. To order your transcript by mail, sign and date the printed form and mail or fax to the following:    Fax (21) 622-4561 [if during June-August]	•	be released only with the written authorization of the student and/or
the printed form and mail or fax to the following:    San Antonio, TX, 78252   Fax (210) 622-4501 [if during June-August]   Fax (210) 622-4501 [if during Ju		Southwest High School
following:  San Antonio, TX, 78252 Fax (210) 622-4561 [If during June-August] Fax (210) 622-4561 [If during June-August] Fax (210) 622-4561 [If during the regular school year]  B. Submit a copy of your driver's license or other valid signed picture identification.  Requests will be processed within 3 to 5 workdays after receipt of request.  NAME UNDER WHICH YOU WERE ENROLLED  IMPORTANT DATES  Date of Birth Year of Graduation Last Last Lif Not a Graduate, Last Month & Year of Attendance PURPOSE OF TRANSCRIPT		
San Antonio, TX, 78252 Fax (210) 622-4501 [If during June-August] Fax (210) 622-4501 [If during June-August] Fax (210) 622-4501 [If during June-August] Fax (210) 622-4501 [If during the regular school year]  B. Submit a copy of your driver's license or other valid signed picture identification.  Requests will be processed within 3 to 5 workdays after receipt of request.  NAME UNDER WHICH YOU WERE ENROLLED  IMPORTANT DATES Date of Birth Year of Graduation  If Not a Graduate, Last Month & Year of Attendance Last Month & Year of Attendance PURPOSE OF TRANSCRIPT Employment Military Scholarship College/University Other:  YOUR CURRENT INFORMATION  Address City State ZIP  Day Telephone: CHECK Please, send (#) copies of my transcript to the same address as above. Please, send (#) copies of my transcript to the following third party:  Name Address City State Zip  If student is requesting, I certify that I am the person whose name appears on the name lines of this form and do hereby authorize release of my academic records to the addresses listed above.  If legal guardian of a minor is requesting, I certify that I am the legal guardian of the person whose name appears on the name lines of this form and do hereby authorize release of his/her academic records to the addresses listed above.	•	·
Fax (210) 622-4501 [if during June-August] Fax (210) 622-4501 [if during the regular school year]  B. Submit a copy of your driver's license or other valld signed picture identification.  Requests will be processed within 3 to 5 workdays after receipt of request.  NAME UNDER WHICH YOU WERE ENROLLED    IMPORTANT DATES	following:	
B. Submit a copy of your driver's license or other valid signed picture identification.  Requests will be processed within 3 to 5 workdays after receipt of request.  NAME UNDER WHICH YOU WERE ENROLLED    IMPORTANT DATES		
B. Submit a copy of your driver's license or other valid signed picture identification.  Requests will be processed within 3 to 5 workdays after receipt of request.  NAME UNDER WHICH YOU WERE ENROLLED  First		
NAME UNDER WHICH YOU WERE ENROLLED  First Date of Birth	B. Submit a copy of your driver's license or other	
First	Requests will be processed within 3 to 5 workdays after	receipt of request.
Middle	NAME UNDER WHICH YOU WERE ENROLLED	IMPORTANT DATES
Last	First	Date of Birth
Student SWHS ID# (if known) Last Month & Year of Attendance PURPOSE OF TRANSCRIPT EmploymentMilitaryScholarshipCollege/University Other: PURPOSE OF TRANSCRIPT Employment MilitaryScholarshipCollege/University Other:	Middle	Year of Graduation
PURPOSE OF TRANSCRIPT EmploymentMilitaryScholarshipCollege/UniversityOther:  YOUR CURRENT INFORMATION  Address City State ZIP  Day Telephone: Other Phone E-mail  CHECK Please, send (#) copies of my transcript to the same address as above. Please, send (#) copies of my transcript to the following third party:  Name Address City State Zip  If student is requesting, I certify that I am the person whose name appears on the name lines of this form and do hereby authorize release of my academic records to the addresses listed above.  If legal guardian of a minor is requesting, I certify that I am the legal guardian of the person whose name appears on the name lines of this form and do hereby authorize release of his/her academic records to the addresses listed above.	Last	
CURRENT NAME (if different):    PURPOSE OF TRANSCRIPT	Chindren CM/IIC ID# /if line arms)	Last Month & Year of Attendance_
CURRENT NAME (if different): EmploymentMilitaryScholarshipCollege/UniversityOther:  YOUR CURRENT INFORMATION  AddressOther PhoneE-mail  CHECK Please, send(#) copies of my transcript to the same address as above. Please, send(#) copies of my transcript to the following third party:  Name Address  CityStateZip  If student is requesting, I certify that I am the person whose name appears on the name lines of this form and do hereby authorize release of my academic records to the addresses listed above.  If legal guardian of a minor is requesting, I certify that I am the legal guardian of the person whose name appears on the name lines of this form and do hereby authorize release of his/her academic records to the addresses listed above.	Student SWHS ID# (If known)	DUDDOCE OF TRANSCRIPT
EmploymentMilitaryScholarshipCollege/UniversityOther:	CURRENT NAME (if different):	PURPOSE OF TRANSCRIPT
Address City State ZIP		
Day Telephone: Other Phone	YOUR CURRENT INFORMATION	
CHECK Please, send(#) copies of my transcript to the same address as above. Please, send(#) copies of my transcript to the following third party:  Name Address CityStateZip  If student is requesting, I certify that I am the person whose name appears on the name lines of this form and do hereby authorize release of my academic records to the addresses listed above.  Signature Today's Date  If legal guardian of a minor is requesting, I certify that I am the legal guardian of the person whose name appears on the name lines of this form and do hereby authorize release of his/her academic records to the addresses listed above.	Address Ci	tyStateZIP
Please, send(#) copies of my transcript to the same address as abovePlease, send(#) copies of my transcript to the following third party:  Name Address CityStateZip  If student is requesting, I certify that I am the person whose name appears on the name lines of this form and do hereby authorize release of my academic records to the addresses listed above.  Signature Today's Date  If legal guardian of a minor is requesting, I certify that I am the legal guardian of the person whose name appears on the name lines of this form and do hereby authorize release of his/her academic records to the addresses listed above.	Day Telephone: Other	PhoneE-mail
Please, send (#) copies of my transcript to the following third party:  Name Address City State Zip  If student is requesting, I certify that I am the person whose name appears on the name lines of this form and do hereby authorize release of my academic records to the addresses listed above.  Signature Today's Date  If legal guardian of a minor is requesting, I certify that I am the legal guardian of the person whose name appears on the name lines of this form and do hereby authorize release of his/her academic records to the addresses listed above.	CHECK	
Name	Please, send(#) copies of my transcript to th	e same address as above.
Name	Please, send (#) copies of my transcript to the	ne following third party:
Address State Zip  If student is requesting, I certify that I am the person whose name appears on the name lines of this form and do hereby authorize release of my academic records to the addresses listed above.  Signature Today's Date  If legal guardian of a minor is requesting, I certify that I am the legal guardian of the person whose name appears on the name lines of this form and do hereby authorize release of his/her academic records to the addresses listed above.		
City State Zip  If student is requesting, I certify that I am the person whose name appears on the name lines of this form and do hereby authorize release of my academic records to the addresses listed above.  Signature Today's Date  If legal guardian of a minor is requesting, I certify that I am the legal guardian of the person whose name appears on the name lines of this form and do hereby authorize release of his/her academic records to the addresses listed above.		
If student is requesting, I certify that I am the person whose name appears on the name lines of this form and do hereby authorize release of my academic records to the addresses listed above.  Signature Today's Date  If legal guardian of a minor is requesting, I certify that I am the legal guardian of the person whose name appears on the name lines of this form and do hereby authorize release of his/her academic records to the addresses listed above.		
authorize release of my academic records to the addresses listed above.  Signature Today's Date  If legal guardian of a minor is requesting, I certify that I am the legal guardian of the person whose name appears on the name lines of this form and do hereby authorize release of his/her academic records to the addresses listed above.	City State	Zip
If legal guardian of a minor is requesting, I certify that I am the legal guardian of the person whose name appears on the name lines of this form and do hereby authorize release of his/her academic records to the addresses listed above.		
lines of this form and do hereby authorize release of his/her academic records to the addresses listed above.	Signature	Today's Date
Signature Today's Date		
	Signature	Today's Date

Office Use Only	Date Received	Date Processed	Date Picked Up	Initial	07/2011 swhs]
-----------------	---------------	----------------	----------------	---------	---------------