

Judson Independent School District

Transcript Request Form

(Please Print)

Last Name First Name Middle

ID# / SS#: _____ DOB: _____

Home #: _____ Work #: _____ Cell#: _____

Year of Graduation or Current Grade Level _____

If you **DID NOT** graduate, last year enrolled and grade level _____

Only **UNOFFICIAL** transcripts may be released to the student or parent. **Official** transcripts sealed and signed by the registrar **must** be mailed **directly** from the student's JISD campus to the requesting school or agency.

Courses attempted, credits and grades earned are a part of your permanent record and will be reflected on your transcript.

ALL TRANSCRIPTS COST \$2.00 EACH

SCHOOL/COLLEGE/UNIVERSITY/OTHER	ADDRESS	OFFICIAL	UNOFFICIAL

NOTE: Test and immunization records are confidential. Your initials are required for release of the test and immunization records.

_____ **Initial here.** Please forward all test scores and immunization records with my transcript. Test scores may include EOC, TAAS, TAKS, SAT, ACT, SAI, PSAT

Requested by: _____ (parent or 18 year old student).

Office Use Only

Date: _____ Amount Paid: _____ Receipt Issued by: _____

Transcript Completed By: _____ Date: _____