



Transcript Request Form

Return completed form to registrar in Secondary Principals' Office

281/664-0219 (Registrar) 281/469-6040 (FAX)

_____ Student's Last Name

_____ First Name

_____ Graduating Class

_____ **Unofficial Copy needed.** (Student may pick up in the office the following day. If you would like this copy mailed to your home please complete home address below.)

Official Copy Instructions (for colleges/scholarship applications):

1. Include the complete mailing address of each college/university. NOTE: Official transcripts have the school seal imprinted and must be mailed to the college or university by CCS.
2. If this transcript is to be mailed with other forms or papers required by the college, for example a Letter of Recommendation, please list at the bottom of this form and include all the necessary paperwork for mailing. We will add the transcript and send to the university.
3. Allow 5 school days for processing this request.
4. Requests for official transcripts must be signed by a parent.

| College | Attention | Address | City/State/Zip |
|---------|-----------|---------|----------------|
| | | | |
| | | | |
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Enclose the following with Transcript (teacher recommendations, etc.) : _____

_____ Parent Signature

_____ Date

FOR OFFICE USE ONLY

Date Received: _____

Date Mailed: _____