

Transcript Request Form

Name: _____
Last First Middle
Full legal name used while attending this institution

Date of Birth: _____ School I.D.#: _____ S.S.N.: _____ - _____ - _____

Address: _____ Telephone #: (____) _____

City State Zip Year of Graduation _____ or Withdrawal _____

No. of copies	College/Agency/Person	Address <small>*Transcripts mailed if not picked up within 48 hours.</small>

_____ Total x \$3.00 per copy

_____ Total Fee (Cash, money order or check made payable to Round Rock High School.)

Date: _____ * I am aware that my test scores, immunization and/or health records will be included in my transcript.

Rec'd. by: _____
(Signature) (Date)

Return to: Records, Round Rock High School, 300 N. Lake Creek Drive, Round Rock, TX 78681