TRANSCRIPT REQUEST FORM

(Please print this form, complete, and mail along with fee to the \ McNeil High school at the address below)

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

You should come to the registrar's office to order if you are a current student, still enrolled at McNeil.
Day time
Phone #: (_____) _____ Year of Graduation: _____

Year of Withdrawal: _____

Number of Copies	College or Agency	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Transcripts will be mailed approximately two working days after receipt of your request, and receipt of payment.

_____ Total x $3.00 per copy

_____ Total Fee (Cash or Money Orders only)

Signature _____

Please mail to: Records/Transcripts
McNeil High School
5720 McNeil Drive
Austin, Texas 78729

You may fax your request only for pick up and make payment at that time. Fax: (512)464-6442

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