

Stony Point



High School

1801 Bowman Dr. Round Rock TX 78664
512-428-7000 (fax) 512-428-7280
Principal: T.J. Dilworth

FINAL TRANSCRIPT REQUEST FORM

(Please print)

Last Name _____ First Name _____ MI _____
(full legal name)

Year of Graduation _____ ID # _____

Date of Birth _____ Social Security # _____ - _____ - _____
(Month/Day/Year)

# of Transcripts Requested	Name of College/Agency Person	Yes, I will pick up my transcript. (Please check)	Include Test Scores (Please check)	Please mail my transcript to the following address. (Complete address must be provided.)

I understand there is a cost of \$3.00 per transcript payable at the time the transcript is ordered. Transcripts will not be processed until payment is received. Checks can be made payable to Stony Point High School.

Note: RRISD has a minimum \$5.00 check policy.

_____ Total Number of Transcripts Ordered

_____ Total amount received by _____ Date _____
(Staff initials)

Signature (person requesting transcript)