



## Former Student Request for Official Transcript

### College Station High School – Counseling Office

4002 Victoria Avenue \* College Station, TX 77845

Ph. 979-694-5800 Fax 979-731-4033

Requests can be mailed or hand delivered to CSHS. Include payment with request.

#### Former Student Information:

\_\_\_\_\_  
Last First Middle (Maiden)

\_\_\_\_\_  
Current Address City State Zip

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Approximate Dates of Attendance/Graduation: \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_-\_\_\_\_ # of Transcripts Requested \_\_\_\_\_ (\$2.00 per Transcript)

Amount Due: \$\_\_\_\_\_ Cash/Checks accepted (Make all checks payable to CSHS) Check Number \_\_\_\_\_

**Please check one of the following:** Pick up \_\_\_\_\_ Mail to Residence \_\_\_\_\_ Mail to College \_\_\_\_\_

\*Only One (1) transcript can be mailed.

\*Official transcript cannot be faxed or emailed

Print: Name and address of college for transcript to be mailed to:

Name of College: \_\_\_\_\_

Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Signature: \_\_\_\_\_

**\*Allow at least Two Business Days upon receipt of request for Transcript(s) to be prepared.**

**\*\* Please Note: Transcript(s) will not be mailed unless payment has been received.**

Office Use Only:

Date Request Received \_\_\_\_\_ Date Transcript Mailed \_\_\_\_\_ Prepared by : \_\_\_\_\_