



CORSICANA INDEPENDENT SCHOOL DISTRICT

Please mail request to:
Corsicana High School
3701 W. Hwy. 22,
Corsicana, TX 75110

Or fax to: (903) 874-7403

REQUEST FOR OFFICIAL STUDENT TRANSCRIPT

\$2 Processing Fee

Please note that it may take up to two weeks to process.

I am requesting an official unofficial transcript.

Last Name (when attending CISD) First Middle

Date of Birth: _____ Phone Number: _____

Year of Graduation: _____ or Last Year of Attendance: _____

Grade (If current student): _____ Number of copies: _____

1. Please mail to address below (*copy of photo id required-must be able to see picture and read information*)

Send to: _____

Address: _____

City, State & Zip: _____

2. I will pick up at CHS. (Photo ID required)

Signature _____ Date _____

Office Use Only

Date: _____ Mailed or Picked Up By _____ Paid \$ _____