



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 \$ \_\_\_\_\_