

TRANSCRIPT REQUEST FORM

Date ___/___/___

Identifying Information:

Student's Full Name _____

Name at time of attendance (if different from above) :

Last 4 digits of social security number _____

Birthdate _____

Dates of Attendance _____

Please mail transcript to (include name and address):

Signature

Contact Phone Number

****ALL REQUESTS MUST INCLUDE A COPY OF YOUR PHOTO ID****

**For Burns Flat/Weatherford students, Attention Sandra Sheets:
(580) 562-4476**

For Sayre students: Attention Nova Wright: (580) 928-9827