

**Request Form for Transcripts
CASH or CASHIER CHECK ONLY
PLEASE PAY IN ADVANCE**

Today's Date: _____

Name attended under: _____

Current name: _____

Birth day: _____

Graduate: ? Yes _____ **Year** _____

No _____ **Last year attended** _____

Phone Number: _____

Cell Number: _____

If mailing—sent to:

CIRCLE ONE: For Deferred Action, College/University/other

A) Official transcript (w/school seal) \$5.00 for each – how many? _____

B) Copy of transcript (unofficial w/o school seal) \$3.00 for each – how many? _____

CONSENT TO RELEASE SCHOOL DOCUMENTS

**I, _____ will allow release of
my school transcript/records to:**

_____.

Thank you,

Sign your legal name above

Today's date

Please attach a copy of your ID or Driver's License.

**MONEY ORDERS ARE NOT
ACCEPTED**

If paying by Cashier Check make payable to MacArthur Sr HS

If mailing please write on envelope:

MacArthur Sr HS

ATTENTION: REGISTRAR

4400 Aldine Mail Rt.

Houston, TX 77039