

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

Today's Date: _____

Name attended under: _____

Current name: _____

Birthday: _____

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