

ANNA HIGH SCHOOL

TRANSCRIPT REQUEST

AHS Fax number: (972)924-1101
Graduates - Attention: Front Office

***Current Students - See your Counselor for a copy of your transcript.

Date of Request: ____/____/____

Name _____
Last (Maiden), First Middle Initial

Student ID # _____ *** (current students only)

Date of Birth ____/____/____ **Year of Graduation or last enrolled** _____

Please check one:

_____ **I will pick up the transcript**
Phone number: _____

_____ **Send Electronically thru Texas Records Exchange (TREx)**

_____ **Email Transcript to:** _____ @ _____

_____ **Fax Transcript to #:** _____

_____ **Mail Official Transcript to:** _____
College/Institution or Name

Mailing Address

City, State Zip

Student Signature: _____ **Date:** _____

Please allow up to 5 days for transcript to be processed