

Calallen High School  
Registrar's Office

4001 Wildcat Drive Corpus Christi, Texas 78410  
Phone: (361) 242-5636 Fax: (361) 242-5638

### Request for Transcript Release

Payment is required before your transcript can be processed. \$2.00 fee for each transcript; 24-48 hour process time if possible, after request is received. Send check or money order payable to Calallen High School.

The following information is necessary for release of transcript records.

Full name while attending high school \_\_\_\_\_  
Current address \_\_\_\_\_ E-mail \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Student ID # \_\_\_\_\_  
Year of graduation/"class" of \_\_\_\_\_ Phone Number (\_\_\_\_\_) \_\_\_\_\_

### CONSENT FOR RECORD RELEASE

I hereby give permission for my high school transcript to be released to the following:

Check one of the following:  College/University  Employer  Other, if other, what is the relationship \_\_\_\_\_

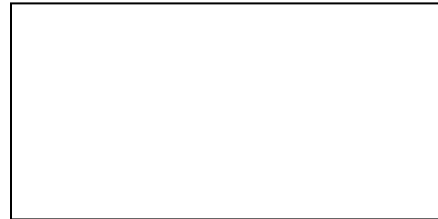
\*Copy of Photo ID required upon release

Release to: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_



\_\_\_\_\_ Date \_\_\_\_\_  
Student Signature

FAX # \_\_\_\_\_

### FOR OFFICE USE ONLY:

OFFICIAL TRANSCRIPT

NUMBER OF COPIES: \_\_\_\_\_

HAND CARRIED  MAILED  FAXED  PAID: \$2.00

\_\_\_\_\_  
STAFF SIGNATURE, TITLE

\_\_\_\_\_  
DATE