



Red Oak

High School

REQUEST FOR TRANSCRIPT

Please be aware processing time could be 24-48 hours.

Student Name _____

Last 4 digits of SS # or School ID# _____

Date of Birth _____

Phone number _____

Year of Graduation OR Last year of attendance: _____

I am requesting an official copy of my high school transcript from Red Oak High School.

Are you withdrawing and moving to another school? Yes ___ No ___

Number of Personal Copies (copies NOT being sent by Registrar's Office and may be picked up at the receptionist's desk): _____

Please mail transcripts to the following institutions. (It is your responsibility to provide correct information / address for a mail out.) Additional institutions may be written on the back.

University/College:

University/College:

University/College:

Address:

Address:

Address:

City, State, Zip:

City, State, Zip:

City, State, Zip:

***Note – By providing a signature, you give permission to release all test results on tests such as PSAT, AP scores, SAT, ACT, TAKS, End of Course and all high school course work.

Signature of student over 18 _____

Parent Signature (if student is under 18) _____

For Office Use Only

Date received in office:

Date completed:

Money received:

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Red Oak

High School

Record Request Please allow 24-48 Hours for Completion

Student Name at time of Enrollment: _____

DOB: _____ Last Year of Attendance: _____

Records requested:

___ Shot Records

___ Birth Certificate

___ Social Security Card

___ Other: _____

Signature of student over 18

Parent Signature (if student is under 18)

Requested completed by: _____

Date completed: _____