

TRANSCRIPT REQUEST FORM
For AUBREY HIGH SCHOOL
(940) 668-3903 (fax) or nknapp@aubreyisd.net

**** NOTE: Former students must provide a copy of their driver license or proper ID****

** Name: _____ Phone#: _____
(Print)

Student ID#: _____ DOB: _____ SS#: _____

Current grade level: _____ or Date Graduated: _____ or Dates attended: _____

Please check below the appropriate area:

_____ I want an Official Transcript
(Will be in a sealed envelope)

_____ I want an Unofficial Transcript
provide email address to send to:

_____ Enter how many you need

_____ You will pick up at the office

_____ You want it mailed(give information below)

Name of person/business/college _____

Address to be mailed to _____

City, State, Zip Code _____

Name of person/business/college _____

Address to be mailed to _____

City, State, Zip Code _____

Current Students to complete: _____ Need now
_____ Wait for current 1st Sem grades

_____ Need for Dual Credit
_____ Wait for current 2nd Sem grades

_____ Wait for 1st Sem GPA

_____ Wait for current 2nd Sem GPA (June)

Seniors only: _____ Wait for FINAL GPA/Rank (April)

_____ Wait for Graduation Posting (June)

Please note: You must allow at least five (5) working days to process your request. The school will accept no responsibility for a missed deadline if you fail to allow for the 5 days.

STUDENTS SIGNATURE _____ DATE _____

PARENT SIGNATURE _____ DATE _____

(Parent signature is required for ALL students enrolled at Aubrey High School. These signatures authorize AHS to release this information to an institution of higher education and or its representative)

For office use only: Date received _____ Date Processed _____ Processor's initials _____