



TRANSCRIPT REQUEST FORM

Please submit completed form as well as a copy of a valid driver's license or state ID to
tyra_becker@lagovista.txed.net or by fax at 512-267-8304

Name of student (while in school): _____
Last First Middle

Student ID # (or social security #): _____

Current student ♦ Former Student ♦ Year of Graduation: _____

Indicate where transcript should be mailed.

Fax # if transcript will be faxed: _____

Test Scores: I authorize the following option regarding test scores.

INCLUDE all test scores _____ (initial)

DO NOT include all test scores: _____ (initial)

Number of transcripts requested: _____

Remarks or other instructions _____

Student signature: _____

Phone number: _____

Email: _____

**NOTE: PLEASE ALLOW 3-5 DAYS TURN AROUND TIME FOR MOST TRANSCRIPT REQUESTS.
PLEASE PLAN ACCORDINGLY.**