REQUEST FOR TRANSCRIPT

DATE				
LAST 4 OF SOCIAL SECURITY NUN	1BER	DAT	re of Birth//////	_
NAME				
FIRST	MIDDLE	LAST	LAST NAME WHILE ENROLLED (if diffe	erent)
ADDRRESS			PHONE #	
CITY		STATE	ZIP CODE	
here:			ur transcript, please write their name	ř
	ISCRIPT TO: NAME	:		
MAILING ADDRESS/EMAIL ADDR	ESS			
CITY		STATE	ZIP CODE	
NUMBER OF COPIES REQUESTIN	G:			
CURRENT AISD STATUS: GRADUATE/YEAR: NON-GRADUATE/LAST YEAR ATTENDED:				
	-	SIGNATURE		
permitted situation; and The right to file a complaint with the Far	ent's education records r d the student's educatior closure of personally ide nily Policy Compliance O hts transfer to the studen	naintained by the school; n records; ntifiable information from th ffice (FPCO) regarding an alle nt when he or she reaches th	he age of 18 or attends a postsecondary school at	
Please mail, hand deliver, email c requested) payable to "Anderson	•	y of photo ID and \$3.00	0 cash, check or money order (per transc	ript
The Office of the Registrar- Trans L.C. Anderson High School	cripts		🗆 Paid	
8403 Mesa Drive Austin, TX 78759			□ ID	
Fax: 512-841-1644			Date picked up/mailed:	

Christy.potts@austinisd.org

New Option: To pay online with a credit/debit card, go to https://austinisd.schoolcashonline.com/. Submit receipt with form.