REQUEST FOR TRANSCRIPT

DATE			
LAST 4 OF SOCIAL SECURITY NUMBER		DATE OF BIRTH//	
NAME			
FIRST	MIDDLE	LAST	LAST NAME WHILE ENROLLED (if different)
ADDRESS		PHONE #	
CITY		STATE	ZIP CODE
□ I WILL PICK TRANSCRIPT U			ır transcript, please write their name
□ PLEASE MAIL/EMAIL TRAN	SCRIPT TO: NAME	·	
MAILING ADDRESS/EMAIL ADDRI	ESS		
CITY		STATE	ZIP CODE
NUMBER OF COPIES REQUESTIN	G (If you are having	your transcript amailed	request 1):
CURRENT AISD STATUS: GRADUA	TE/YEAR:	_ NON-GRADUATE/LA	ST YEAR ATTENDED: SIGNATURE
certain permitted situation; an The right to file a complaint wi	withe student's education pool amend the student's to the disclosure of pers d th the Family Policy Com t their rights transfer to formation, please visit th	n records maintained by the so education records; onally identifiable information pliance Office (FPCO) regarding the student when he or she re	rhool; In from the student's education record, except undering an alleged violation under FERPA. Eaches the age of 18 or attends a postsecondary
Please mail, hand deliver, email or requested) payable to "Anderson	- ·	y of photo ID and \$5.00	cash, check or money order (per transcript
The Office of the Registrar- Transc L.C. Anderson High School 8403 Mesa Drive Austin, TX 78759	cripts		□ Paid □ ID
Fax: 512-841-1644 christy notts@austinisd.org			Date picked up/mailed:

^{**}New Option: To pay online with a credit/debit card, go to https://anderson.myschoolcentral.com. Submit receipt with form.**