## REQUEST FOR TRANSCRIPT

DATE				
LAST 4 OF SOCIA	AL SECURITY N	UMBER	DATE OF BIRTH//	
NAMF				
	FIRST	MIDDLE	LAST	LAST NAME WHILE ENROLLED (if different)
DDRRESS		PHONE #		
CITY			STATE	ZIP CODE
		<b>UP</b> -If someone else		our transcript, please write their name
□ PLEASE MA	IL/EMAIL TR	ANSCRIPT TO: NAME	::	
MAILING ADDRE	ESS/EMAIL ADI	DRESS		
CITY			STATE	ZIP CODE
NUMBER OF CO	PIES REQUEST	ING:		
CURRENT AISD	STATUS: GRAD	OUATE/YEAR:	NON-GRADUATE/	LAST YEAR ATTENDED:
				SIGNATURE
The right to inspect The right to request The right to consent permitted situation The right to file a co Parents should und	and review the standard and review the standard the standard and that their standard that their	Family Policy Compliance Orights transfer to the stude	maintained by the school; in records; entifiable information from t office (FPCO) regarding an all ent when he or she reaches t	the student's education record, except under certain leged violation under FERPA. the age of 18 or attends a postsecondary school at any www2.ed.gov/policy/gen/guid/fpco.
		il or fax <b>form with cop</b> son High School" to:	y of photo ID and \$3.0	<b>0</b> cash, check or money order (per transcript
The Office of the	•	anscripts		□ Paid
L.C. Anderson H 8403 Mesa Driv	_			□ID
Austin, TX 78759				
Fax: 512-841-16				Date picked up/mailed:

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

Please mail, hand deliver, email or fax form with copy of photo ID	and \$3.00 cash, check or money order (per transcript
requested) payable to "Anderson High School" to:	тана фолос возгу столе от того у столе (рег втелестро
The Office of the Registrar- Transcripts	
L.C. Anderson High School	□ Paid
8403 Mesa Drive	□ID
Austin, TX 78759 Fax: 512-841-1644	
mary.andrade@austinisd.org	Date picked up/mailed:
**New Option: To pay online with a credit/debit card, go to https://austi	nisd.schoolcashonline.com/. Submit receipt with form.**