

TRANSCRIPT REQUEST

OFFICE USE ONLY
PAID _____
DATE _____
INITIALS _____
COMPLETED _____
POSTED _____

Please mail or bring to: Pflugerville High School
Student Services
1301 W Pecan, Pflugerville, TX 78660

48-hour (2 days) notice is REQUIRED

PAYMENT OF \$2.00 PER TRANSCRIPT IS DUE UPON RECEIPT

TAAS/TAKS scores are automatically provided.

No SAT or ACT scores will be provided. (Please go to www.actstudent.org or www.collegeboard.com website.)

NAME: _____
(last) (first)

Student ID# _____ Date of birth: ____/____/____

Phone # where you can be reached: _____

Number of Transcripts Requested: _____ Year Graduated: _____

Purpose of Request (check one):

Electronically sent to Texas based public colleges/universities (TRES)
(List name and city of college/university)

_____	_____
_____	_____
_____	_____

Pick Up – Transcripts will be ready for pick-up 48 hours after receipt of this form.

Mail to student’s home address (for out-of-town orders):

For current students only:

Scholarship (please indicate name of scholarship) _____

Indicate if you are on Free/Reduced lunch by checking this box

SIGNATURE OF STUDENT: _____ DATE: _____

PARENT SIGNATURE: _____ DATE: _____

*If student is 17 years of younger, parent must sign request or have permission on file.