



# RED OAK HIGH SCHOOL

220 SOUTH SH 342 RED OAK, TEXAS 75154  
972.617.3535 FAX 972.617.4796

## REQUEST FOR TRANSCRIPT

Please be aware processing time could be 24-48 hours.

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Last 4 digits of SS# or School ID#

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Phone Number

Year of Graduation or last year of attendance: \_\_\_\_\_

I am requesting an official copy of my high school transcript for Red Oak High School.

Are you withdrawing and moving to another school?      Yes \_\_\_\_\_ No \_\_\_\_\_

Number of Personal Copies (copies NOT being sent by Registrar's Office, may be picked up at the receptionist's desk): \_\_\_\_\_

Please mail transcripts to the following institutions. **(It is your responsibility to provide correct information / address for a mail out.)** Additional institutions may be written on the back.

University/College

University/College

University/College

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Address:

Address:

Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

City, State, Zip:

City, State, Zip:

City, State, Zip:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*\*\*Note – By providing a signature, you give permission to release all test results on tests such as PSAT, AP scores, SAT, ACT, TAKS, End of Course and all high school course work.

\_\_\_\_\_  
Signature of Student 18 or older

\_\_\_\_\_  
Parent Signature (if student is under 18)

**For Office Use Only**

|                          |                 |                 |
|--------------------------|-----------------|-----------------|
| Date received in office: | Date completed: | Money received: |
|--------------------------|-----------------|-----------------|



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## RECORD REQUEST

Please allow 24-48 hours for completion.

Student Name at Time of Enrollment: \_\_\_\_\_

DOB: \_\_\_\_\_

Last Year of Attendance: \_\_\_\_\_

Records requested:

\_\_\_\_\_ Shot Records

\_\_\_\_\_ Birth Certificate

\_\_\_\_\_ Social Security Card

\_\_\_\_\_ Other: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of student 18 or older

\_\_\_\_\_  
Parent Signature (if student is under 18)

Requested completed by: \_\_\_\_\_

Date completed: \_\_\_\_\_