



PRIDDY ISD STUDENT RECORDS REQUEST FORM

First Name: _____ Last Name: _____

Today's Date: ____/____/____

Student's Signature (Required): _____

TRANSCRIPTS

_____ NUMBER OF TRANSCRIPTS NEEDED-2 BUSINESS DAYS MINIMUM FOR PROCESSING

4 BUSINESS DAYS MINIMUM FOR 10 OR MORE

I WILL PICK UP

PLEASE MAIL OR ELECTRONICALLY SEND

DO NOT FILL THIS PART OUT IF YOU ARE PICKING UP YOUR TRANSCRIPT.

NAME OF INSTITUTION 1: _____

NAME OF INSTITUTION 2: _____

NAME OF INSTITUTION 3: _____

NAME OF INSTITUTION 4: _____

For Office Use Only: Completed by: _____ Date: ____/____/____

Notes:

