

**Leggett Independent School District**

P.O. Box 68  
Leggett, TX 77350

**Transcript Request Form**

1. Picture identification and signature are required for all requests.
2. Official transcripts must be sent directly from LISD to the college or university. Sealed, official transcripts may be given to a student or authorized individual for needs other than college applications.
3. Graduates will receive two (2) free copies.

**Student Information**

Student's Current Name: \_\_\_\_\_ Date of Request: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Student's Name While Attending School (If different) : \_\_\_\_\_  
 Date of Birth (mm/dd/yyyy): \_\_\_\_\_ Student's SS #: \_\_\_\_\_ Daytime Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
 Student's Current Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_  
 Year of Graduation: \_\_\_\_\_ OR Last year of Attendance: \_\_\_\_\_ and Grade Level: \_\_\_\_\_

**Information Requested**

- Official High School Transcript - Quantity: \_\_\_\_ x \$2.00 each  
 Unofficial HS Transcript (student copy) – Quantity: \_\_\_\_ x \$1.00 each

**Do you wish to pick up the transcript in person?**

- Yes  Mail to address above (unofficial only)  
 No – please mail to following address

College/University: \_\_\_\_\_ Attn: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 (Optional) I authorize \_\_\_\_\_ to pick up the transcript(s) I have requested.

**Verification**

_____	_____	_____
Print Name: Person requesting transcript	Signature	Date
_____	_____	_____
Print Name: Alternate Recipient	Signature	Date

**Mail the form with a money order/cash, for each transcript copy requested to Leggett ISD to the following address:**  
 Leggett Independent School District  
 Records Department  
 P.O. Box 68  
 Leggett, TX 77350

Please allow 3 to 5 business days for request to be completed.