

FREDERICKSBURG HIGH SCHOOL
ATTN: REGISTRAR'S OFFICE
1107 South U.S. Hwy. 16
Fredericksburg, Texas 78624
(830) 997-7551 Fax (830) 997-8583
Kathryn Shepherd, FHS Registrar
kathryns@fisd.org

TRANSCRIPT REQUEST FORM

Date: _____

Name (aka "Owner"): _____

Name at time of attendance (only if different than above) _____

Contact Phone #: _____ Birthdate: _____

Year of Graduation or Year Graduated: _____ If not graduated, last year attended: _____

Current FHS Student ID # _____ Soc. Sec. # (last 4 digits only) _____

Owner or Parent Signature (Required): _____
-Owner defined as individual listed on the transcript. After said owner is over 18 years of age, he or she is the only person that may sign for the release of the transcript. Both federal & state law safeguards student records from unauthorized inspection or use & provide parents & "eligible" students certain rights. For the purpose of student records, an "eligible" student is one who is 18 years old or older & who is attending an institute of post-secondary education.

PROCESSING FEES:
*Current student or up to one year after graduation NO CHARGE
REQUIRED- *A Stamped and Addressed Envelope(s) (do not put a return address)
1) if the college/university is private, out-of-state or out-of-country
2) if it is being sent to any entity unavailable by electronic transmission

All other transcripts (past graduates) \$2.00 per transcript request
(Cash, Check or Money Order only)

Qty. _____ Unofficial Transcript(s) FAX/EMAIL copy to: _____

Picked up by: (signature needed at time of pick up) _____

Qty. _____ Sealed for SCHOLARSHIPS (An official transcript sealed in an envelope that is used for scholarship applications.)

Qty. _____ OFFICIAL TRANSCRIPT (An official transcript must be stamped with the FHS school seal & sent directly to the college or university by the FHS Registrar. All test scores required by law are part of a student's transcript.)

Send to: _____ Send to: _____

Send to: _____ Send to: _____

Do you want an email confirmation for transcripts sent electronically? Please provide email address: _____

For REGISTRAR Use Only: ___ Pick up ___ MAIL ___ EMAIL ___ FAX
Sent: _____ TREX - Tracking # _____
Paid: ___ Cash Check # _____ MO/Cashier Check _____

ADD ADDITIONAL
COLLEGES ON BACK
IF NEEDED