



# Lake Worth Independent School District

PEIMS DEPARTMENT

6805 Telephone Road

Phone 817.306.4200 Ext# 1143

Lake Worth, TX 76135

Fax 817.238.1437

## TRANSCRIPT REQUEST FORM

**\*\*\* ALLOW TEN (10) DAYS TO PROCESS \*\*\***

**\*If requesting via fax, mail or e-mail, please send a copy of a photo ID.\***

PLEASE SEND EMAIL REQUESTS TO [transcripts@lwisd.org](mailto:transcripts@lwisd.org)

Today's Date: \_\_\_\_\_

Current Student  Former Student

Students Full Name: \_\_\_\_\_  
(NAME USED WHILE ATTENDING LWISD)

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Last 4 of SS# \_\_\_\_\_  
(IF NO SSN WRITE NONE)

Graduation Year: \_\_\_\_\_ If not graduated, year last attended: \_\_\_\_\_

Last CAMPUS attended in Lake Worth ISD \_\_\_\_\_ Grade: \_\_\_\_\_

### Check one of the following for processing of request

I am requesting an official copy of transcript to be picked up at

Lake Worth High School  Administration Building

Transcripts not picked up within seven (7) days of completion will be destroyed and a new request will have to be submitted for processing

I am unable to pick up my transcript and I am requesting my transcript be released to:

\_\_\_\_\_  
(FIRST AND LAST NAME) (PHONE)

Photo ID required for pick up.

I am requesting that a copy of my transcript be mailed or faxed to the following school/university/business at the address/number below:

Name of School/Business: \_\_\_\_\_

Address: \_\_\_\_\_

Fax #: \_\_\_\_\_

Number of copies requested: \_\_\_\_\_ I have submitted a copy of my ID  Yes  No

Signature: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

For district use:

Received by \_\_\_\_\_ Fulfilled by \_\_\_\_\_ Date Fulfilled \_\_\_\_\_