



**GREENVILLE ISD**  
LESSONS FOR WHEREVER LIFE LEADS

## REQUEST FOR TRANSCRIPT

**Date of Request:** \_\_\_\_\_  
(Please allow 10 days for request to be filled.)

\_\_\_\_\_  
**Name at time of Graduation** (Maiden)

**Did you graduate from GISD?** Yes \_\_\_\_\_ No \_\_\_\_\_

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

\_\_\_\_\_  
**Last Year of Attendance/Graduation**

\_\_\_\_\_  
**Current Email Address and Phone Number**

**Send Transcript:** Choose all that applies

- Pickup in Person (Must have ID to pick up)
- Email: \_\_\_\_\_
- Fax: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Attn: \_\_\_\_\_
- Mail: (Include name of person/college)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signature:** \_\_\_\_\_

**Please attach a copy of your photo ID.**