



Attention: Idalia Lopez, Registrar
Port Neches-Groves High School
1401 Merriman St
Port Neches, TX 77651
409.729.7644 Ext 115
409.722.4331 Fax
iillalopez@pngisd.org Email

Port Neches Groves ISD Student Transcript Request Form

Number of Copies: _____ Fee: \$3.00 per official copy

Name: _____
Last(maiden) First Middle

Date of Birth: _____ Date of Graduation: _____ Phone Number: _____

If not a Graduate,
List last grade completed & campus attended: _____
Please attached State ID or Driver's License to this form

Transcripts fees are payable cash or money order only. You may mail this form along with a copy of your state ID or driver's license, and money order if you do not reside in the area. Please list the address you would like your transcript to be mailed to.
Faxed or emailed transcripts are not official

Address: _____

Please check one of the following:

_____ I will pick up my transcript at the Registrar's office.

_____ I give _____ permission to pick my transcript and pay the \$3 fee per copy requested. (Please note individual picking up transcript will be required to show an ID)

Signature

Date