Poth High School

Transcript Request Form

Please complete the form to request an official or unofficial transcript
Return the form to the office, or fax (830 484-3304) or email ssekula@pothisd.us
Please allow up to 3 days for processing.

STUDENT NAME:_____ Date of Birth:_____

YEAR OF GRADUATION: _____

Type of Transcript: _____Official with Seal, or _____ Unofficial (Copy)

Give transcript to: Student___ Parent___ Mrs. Dziuk___

Or

Send Transcript to: _____
Name of School or University

Address of School: _____

City, State, Zip Code:_____

Student Signature_____

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To be completed by office

_____ _____
Date Transcript Sent Sent by