



Poth High School

Transcript Request Form

*Please complete the form to request an official or unofficial transcript
Return the form to the office, by mail P. O. Box 250, Poth, TX 78147, or email julrich@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 _____

To be completed by office

Date Transcript Sent

Sent by