



San Benito Consolidated Independent School District

Public Education Information Management System

450 South Dick Dowling • San Benito, TX 78586 • Phone (956) 361-6180 • Fax (956) 361-6920

Email: enrollment@sbcisd.net



REQUEST FOR STUDENT TRANSCRIPT / RECORDS

INSTRUCTIONS: Complete form and return, along with a copy of a driver's license or photo ID via mail or fax to the number above. Please allow at least 7 to 10 business days for the completion of your verification request.

STUDENT INFORMATION (Please print clearly)

Name Student Used in School _____ Date of Birth _____ ID# _____

Last School(s) Attended _____

Last Year of Attendance _____ Last Grade Level Completed _____

Father's Name _____ Mother's Name _____

Phone Number _____ Email _____

Graduated ☐ YES ☐ NO

WHAT IS THE RECORD NEEDED FOR: (Please check one of the boxes below)

☐ College ☐ Income Tax ☐ Employment ☐ Identification ☐ Social Security ☐ Immigration ☐ Passport ☐ Other _____

WHAT DO YOU NEED: (Please check of the boxes below)

☐ High School Transcript ☐ Middle School Records ☐ Elementary Records ☐ Immunization ☐ Picture

☐ Other _____

NOTE - Anyone signing this request form must provide a copy of a driver's license or photo ID.

I hereby authorize the release of my Transcript/Records.

Signature of student or parent/legal guardian

Date

Complete the following section if you need Transcript / Records Mailed or Released to other party. Student records are CONFIDENTIAL and can only be released by written consent from student once he/she attains 18 years of age.

PICK UP BY (Only fill out below if someone else will be picking up for you)

Name _____ Phone Number _____

Relationship _____ (Person must provide proof of relationship & Copy of Photo ID)

MAIL TO Name of College/University/Institution/Other _____

Address _____ City _____ State _____ Zip _____

OFFICE USE ONLY

Received by _____ Date _____ Processed by _____ Date _____

Type of Action: ☐ Walk-In ☐ Sealed/Mailed ☐ No record found ☐ Never picked up ☐ Phone ☐ Faxed ☐ Email