



CAMPBELL Independent School District
Pre-Kindergarten- 12th grade

409 West North Street
Campbell, TX 75422
903-246-9305

Randell Wellman, District Principal
email: rwellman@campbellisd.org
Cheryl Casselton, District Secretary
email: ccasselton@campbellisd.org

TRANSCRIPT REQUEST FORM

Full Name that will appear on school records: _____

Year of Graduation or last year enrolled in Campbell High School: _____

Date of Birth (month/day/year): _____

Current Name and Address: _____

Current Phone Number: _____

Do you wish to pick up the transcript in person? _____ Yes _____ No

Will you need an official copy requiring a district seal? _____ Yes _____ No

***If the answer is **YES**, official copies must be sent directly to the requesting agency by the school district.
Official transcripts **CANNOT** be faxed or emailed.*

ADDRESS where transcript is to be mailed: _____

Student Signature

Date of Request

Registrar Signature

Date Processed

****Please allow Campbell ISD (10) days for processing and mailing.**