



ABILENE HIGH SCHOOL

2800 N 6th St.
Abilene, TX 79603
325-677-1731
325-794-1387 (FAX)



FORMER STUDENT TRANSCRIPT REQUEST FORM

Last Name _____ First Name _____ MI _____
(Maiden Name if Female)

Email Address _____

Date of Birth _____ Last 4 digits of SS# _____ Year of Graduation _____

Purpose of request (**check one**) College _____ ID _____ Employment _____ Other _____

If the request is for ID, Employment or other, how do you wish to receive it?

Pickup at AHS _____ Fax # _____ Emailed to the above email address _____
Y or N

Mail to this address _____

Most colleges and universities prefer that your transcript be sent directly from the high school. If you are requesting a transcript to be sent to a college/university, please list the name and address below. We have most of the addresses for Texas colleges and universities. If the college/university has several campus sites, provide the specific site address. **Complete your college application prior to requesting a transcript.** If the transcript arrives before your application, the college/university will not have you in their system.

| |
|---------------------|
| School Name: |
| Street or P.O. Box: |
| City, State, Zip: |

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|---------------------|
| School Name: |
| Street or P.O. Box: |
| City, State, Zip: |

| |
|---------------------|
| School Name: |
| Street or P.O. Box: |
| City, State, Zip: |

Signature

Date

Send transcript request form to the address or fax number above or scan and email to:
cindy.hothan@abileneisd.org or tracie.rodriquez@abileneisd.org