

MIDLOTHIAN ISD
REQUEST FOR OFFICIAL STUDENT TRANSCRIPT

WITHIN FIVE YEARS OF GRADUATING

MIDLOTHIAN HIGH SCHOOL

923 SOUTH NINTH STREET

MIDLOTHIAN, TX 76065

(972) 775-8237 FAX (972) 775-3178

ANYTHING AFTER THE FIVE YEARS

MIDLOTHIAN ADMINISTRATION BLDG.

100 WALTER STEPHENSON RD.

MIDLOTHIAN, TX. 76065

(972) 775-8296 FAX (972) 775-3708

USE THE ABOVE ADDRESS TO SEND YOUR REQUEST TO.

FEE - \$ 1.00

Within one week of the receipt of this request, a transcript will be mail out or pick up at the corresponding building.

Date _____

Year last attended/Graduated _____ No. Of Copies _____

(Circle one) Transcript is for: Employment College Trade School Personal
Please PRINT

Last Name Maiden Names First

Name of Where Transcript is Being Sent (College, University, etc...)

Mailing Address City State Zip

Daytime Number Cell Number

Date of Birth Social Security Number

Signature E-mail Address

Office Use Only

Date _____ Paid \$ _____ Mailed Out _____ By _____