

Austin Independent School District
Gonzalo Garza Independence High School

Transcript Request Form

Last Name: _____ First Name: _____

Date of Birth ____/____/____ Last 4 of SSN: _____ Stud ID: _____

Phone: _____ Email: _____

Current AISD status: **Currently Enrolled** (Official Transcript fee waived; after 10th request, fee will apply)

Graduate (Month / Year) _____

Withdrawn (Month /Year) _____

If you are no longer active due to graduating or being withdraw, you must present your ID to pick you your transcript(s).

I would like to request my:

OFFICIAL Transcript HOW MANY? _____ X \$3.00 = \$ _____

UNOFFICIAL Transcript HOW MANY? _____ X **NO FEE**

I would like to: **Pick up my transcript in 2 business days**

If you DO NOT pick up your official/ unofficial transcript within 2 weeks of the date of request, the transcript request process will **start over and a NEW transcript request form must be filled out.*

Mail my transcript to

1. _____
Name/Institution Address/State/Zip

2. _____
Name/Institution Address/State/Zip

3. _____
Name/Institution Address/State/Zip

**Write additional addresses on back of this page.*

Fax/Email my unofficial transcript: _____

Family member pick up (Please provide name): _____

**Family member will need to provide a State Photo ID at time of pick up.*

I hereby give permission for the release of my transcript and test scores to the school, public agency and/or family member listed on this form or attached to this form.

Signature _____ Date: _____

If you no longer live in the area, please mail this form along with Cash or Money Order to:

Garza High School, Registrar
1600 Chicon Street
Austin, TX 78702

