



# *Excellence in Academic Achievement*

Carrizo Springs Consolidated Independent School District

## TRANSCRIPT REQUEST

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Maiden

Address: \_\_\_\_\_  
Mailing City State Zip Code

Telephone #: \_\_\_\_\_  
Cell/Home Year Graduated School ID#

Date of Birth: \_\_\_\_\_  
Month Day Year

Parent's Name: \_\_\_\_\_

I give \_\_\_\_\_ permission to pick up my transcript from Carrizo Springs CISD.

Or

Please submit transcript to \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Thank you,

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

Carrizo Springs CISD does not discriminate on the basis of race, religion, color, national origin, gender, or disability in providing education services, activities, and programs, including vocational programs, in accordance with Title VI of the Civil Rights Act of 1964, as amended; Title IX of the Educational Amendments of 1972; and Section 504 of the Rehabilitation Act of 1973, as amended.

For Office Use:  
Hand Delivered - Mailed - Faxed - Emailed  
Date Completed: \_\_\_\_\_

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