

Coleman Independent School District
HIGH SCHOOL TRANSCRIPT REQUEST FORM

Full Name that will appear on school records:

Last (Print)

First

Middle

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

Social Security Number: _____ - _____ - _____

Last high school campus attended: Coleman Novice CAP

Year of Graduation or last year enrolled: _____ Did student graduate? Yes No

Daytime Phone #: _____

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

* If answer is yes, official copies must be sent directly to the requesting college/university/agency by the school district.

▪ **Do you wish to pick up the transcript in person?**

Yes* (A photo ID will be required)

No,

Please send by: Mail Fax

Mail Transcript to: Recipient: _____

Address: _____

City: _____ State & Zip: _____

Fax # (not official): _____

Student Signature: (current name used)

Date

Submit form to: Coleman High School**
201 West 15th Street
Coleman, TX 76834
FAX: 325-625-4557
PH: 325-625-2156 during office hours.

** June & July contact the CISD Adm. Office at 325-625-3575 for instructions to request transcripts.