

Today's Date: _____

TRANSCRIPT REQUEST

Information will be released as soon as possible. Most transcript requests will be processed in 10 working days or less. The requestor will be notified if a transcript request will take longer than 10 days to process. You may also complete a transcript request on-line at www.sintonisd.net/transcripts

A Photo ID will be required to verify identity

Email: transcripts@sintonisd.net

Phone: 361-364-6813 ~ Fax: 361-364-6975

Full Name: _____ Phone No.: _____

Last Four Digits of SSN: _____ Date of Birth: _____

Purpose of Record: _____

I attended under the Name or MAIDEN Name: _____

Graduation Year: _____ OR last grade & year attended: _____

Name of Last School Attended: _____

Teacher (Only needed for old records): _____

Guardian(s) name when attending school: _____

Signature: _____ Date: _____

I need an official (sealed) or unofficial (not sealed) copy of my transcript.

I would like to pick-up my transcript at the Sinton ISD administration office at 322 S. Archer

I would like my transcript mailed

If you want your transcript mailed, please provide full name, mailing address and phone number:

Phone Number: _____

OFFICE USE ONLY

I _____ found recd:

Roll _____ Image: _____

Date Found: _____