



Counselors' Office  
 400 FM 350 South  
 Livingston, TX 77351  
 Phone: (936)328-8600  
 Fax: (936)967- 8603

# Transcript Request

**\$3.00 charge**  
 (1-3 Transcripts)

DATE: \_\_\_\_\_

**NAME** (Full legal name used while attending this institution):

\_\_\_\_\_

**BIRTHDATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **LAST 4 DIGITS OF SOCIAL SECURITY:** \_\_\_\_\_

**DAY TIME PHONE:** (\_\_\_\_) \_\_\_\_\_

Please mail \_\_\_\_ # of copies to:

\_\_\_\_\_  
 Name

\_\_\_\_\_  
 Street City State Zip

***I understand that my transcript is an important document that includes personal and confidential information I am the only person that can request this record.***

***If you require someone other than yourself to pick up this record you must give written permission.***

I am giving \_\_\_\_\_ permission to pick it up.

\_\_\_\_\_  
**SIGNATURE**

PLEASE BE SURE YOU HAVE FILLED IN ALL THE INFORMATION CORRECTLY.

**YOUR SIGNATURE AND A COPY OF YOUR DRIVER'S LICENSE IS REQUIRED.**

**REQUESTS ARE ACCEPTED IN PERSON, BY MAIL OR EMAIL.**  
 EMAIL REQUESTS TO: [acredille@livingstonisd.com](mailto:acredille@livingstonisd.com)  
*These will be processed after payment is received*

**Accepted methods of payment include cash, money order or check payable to:  
 Livingston High School.**

Mail payments to the address listed above attention Counselors' Office.

If paying by check, please include Driver's License State and Numbver.

*Transcripts will be sent approximately 2 working days after receipt of your payment.*

**OFFICE USE ONLY**

Processed by _____	Date _____	Method of Payment
		Cash _____ Ck# _____ Mo _____