



Transcript Request

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

Date: _____

Name (Full legal name used while attending this institution): _____

Birthdate: _____ / _____ / _____ Last 4 digits of Social Security: *** / ** / _____

Day Phone: (_____) _____ Years attended: _____ - _____ Year graduated (if applicable): _____

Please mail _____ # of copies to: (\$3.00 fee for up to 3 copies)

Name _____

Street _____ City _____ State _____ Zip _____

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

Signature _____

Your signature and a copy of your driver's license is required.

Requests are accepted in person, by mail or email.

Email requests may be sent to: jalexander@livingstonisd.com

Email requests will be processed after payment is received, along with a signed copy of this form and a copy of driver's license.

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

Payments may be mailed to - ATTN: Academic Advising Office - Transcript Request
400 FM 350 South Livingston, TX 77351

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

Transcripts will be processed approximately two (2) working days after receipt of your payment.

If someone other than you will be picking up this document, please fill out the information below.

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 up my transcript.
Print name of person picking up transcript

Signature release of transcript owner, a copy of your drivers license will still be required.

OFFICE USE ONLY

Processed by _____ Date _____ Method of Payment
 Cash Ck# _____ M. O.