



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

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State

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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: jalexander@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.

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