



**GREENVILLE ISD**  
LESSONS FOR WHEREVER LIFE LEADS

## REQUEST FOR RECORDS

**Date of Request:** \_\_\_\_\_

(Please allow 10 school days for request to be filled.)

\_\_\_\_\_  
**Name at time of Graduation** (Maiden)

**Are you a current student at GHS?** (Request will be sent to HS) Yes \_\_\_\_\_ No \_\_\_\_\_

**Did you graduate from GISD?** Yes \_\_\_\_\_ No \_\_\_\_\_

**Did you graduate from GHS?** Yes \_\_\_\_\_ No \_\_\_\_\_

**Did you graduate from NHHS?** (Request will be send to NHHS) Yes \_\_\_\_\_ No \_\_\_\_\_

**Circle records being requested:**

Transcript      Immunizations      VOE

\_\_\_\_\_  
**Date of Birth**

\_\_\_\_\_  
**Last Year of Attendance/Graduation**

\_\_\_\_\_  
**Current Email Address**

\_\_\_\_\_  
**Phone Number**

**Send Transcript:**

- Pickup in Person (Must have ID to pick up)
- Email: \_\_\_\_\_
- Fax: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Attn: \_\_\_\_\_
- Mail: (Include name & address of person/college)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signature:** \_\_\_\_\_

**A copy of your photo ID must be attached.**