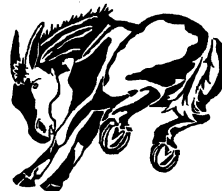


MULESHOE HIGH SCHOOL



514 W. Avenue G * Muleshoe, TX 79347 * 806-272-7302 * Fax 806-272-7574

OFFICIAL TRANSCRIPT REQUEST FORM

Date: _____

Transcript request for: _____
(Name of College or University)

Name: _____
(Shown exactly as when you attended school)

Phone number: _____

Date of Birth: _____

Last 4 of your Social Security # _____

Did you graduate? Yes ____ No ____ Withdrawn year (If applicable): ____

Graduation year / expected graduation year: _____

Did you, at any time, attend PEP HIGH SCHOOL? Yes ____ No ____

If yes, when did you attend? 9th __, 10th __, 11th __, and/or 12th __

Please MAIL transcript to name and address listed below:

How many transcripts do you need sent? _____

SIGNATURE: _____
(Original Signature)

----- FOR OFFICE USE ONLY -----

Processed by: _____ Date sent: _____

PLEASE E-MAIL FORMS TO sking@muleshoeisd.net