

ITALY ISD

OFFICIAL TRANSCRIPT REQUEST FORM

LAST 4 DIGITS OF SOCIAL SECURITY NUMBER: _____

YEAR GRADUATED: _____

DATE OF BIRTH: _____

CONTACT NUMBER: _____

PLEASE CIRCLE ONE OF THE FOLLOWING:

PICK UP FAX MAIL

ADDRESS (IF TO BE MAILED):

FAX NUMBER (IF TRANSCRIPT TO BE FAXED):

SIGNATURE: _____

****PLEASE ALLOW AT LEAST 48 HOURS FOR THE PROCESSING OF YOUR TRANSCRIPT**

*****PLEASE NOTE THAT YOU CAN RECEIVE 2 COPIES OF YOUR TRANSCRIPT FREE. FOR
ADDITIONAL COPIES, THERE WILL BE A \$1.00 PROCESSING FEE FOR EACH COPY/COPIES.**

ITALY ISD FAX #: 972-483-6152