



Grapeland High School  
P. O. Box 249  
Grapeland, Texas 75844  
936-687-4661 (Fax#) 936-687-5285

## Transcript/Records Request

TYPE OF RECORD BEING REQUESTED: ( ) SSN ( ) Shot Record ( ) Birth Certificate ( ) Transcript  
Place a *✓* in the type of record being requested

NAME OF STUDENT WHILE ATTENDING HS: \_\_\_\_\_

YEAR OF GRADUATION: \_\_\_\_\_

- OR -

YEAR WITHDRAWN FROM GHS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

\_\_\_\_\_  
*SIGNATURE OF PERSON REQUESTING TRANSCRIPT* *DATE*

*Grapeland High School Administration will provide you the requested information as quickly as we can. Please allow time for files to be located and the copy/preparation work needed to provide your request. If you are coming into the office to pickup the transcript/record, please allow a one-day advance notice. You will be asked to provide proof of identification. If your request is by telephone and you want a transcript/record mailed or emailed (student records are not faxed) you will need to complete this form and send a copy of your driver's license back to our office.*

*If the transcript/record is to be mailed or emailed, please complete the information below.*

Mailing Address:

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

Email Address:

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

*Signature and date of person providing record request:* \_\_\_\_\_