



NORTHSIDE INDEPENDENT SCHOOL DISTRICT

Information Services
5734 Farinon, San Antonio, TX 78249
Phone: 210-397-8585 – Fax 210-522-8167
Email: transcripts@nisd.net

TRANSCRIPT / VERIFICATION OF GRADUATION REQUEST FORM

This request is for: _____ Transcript _____ Verification of Graduation Letter _____ Immunization Records

Section 1 – Important Information:

- 1) All transcripts consist of the same academic information; however, only official transcripts are embossed and official transcripts can only be sent to an authorized, requesting institution, not an individual. Transcripts include the student's graduation date. **Copies of high school diplomas are not available**; however, a letter of verification can be issued indicating the high school attended, enrollment date and graduation date.
- 2) **Picture identification and signature are required for all requests.**
- 3) A \$5.00 fee applies per transcript. Cash, credit cards and money orders payable to NISD are accepted – No Personal Checks.
- 4) Due to privacy regulations, parents and spouses may not obtain transcripts for adult students (age 18 and older), unless the **student** provides written authorization and picture identification.
- 5) NISD only retains immunization records as follows: 2yrs for graduates and 7 years for withdrawn students.

Section 2 (required) – Student Information

Student's Current Name _____ Date of Request ____/____/____

Student's Name While Attending NISD (if different) _____

Student's SS# ____-____-____ Student's Date of Birth ____/____/____ Daytime Phone ____-____-____

Student's Current Street Address _____ City _____ State ____ Zip _____

Last NISD School Attended _____ Year _____ of ☐ Graduation - OR -
☐ Withdrawal - OR -
☐ GED

Section 3 (required only if ordering transcripts) - Transcript Information

Number of Transcript required? _____

The transcript(s) will be an:

- ☐ **Unofficial Copy** – Hand carried or mailed to the applicant's address
- OR -
☐ **Official Copy - Mailed ONLY** by NISD to the location below or if "Other", indicate the recipient's name and address.

- | | | |
|--|--|--|
| <input type="checkbox"/> Incarnate Word | <input type="checkbox"/> Palo Alto | <input type="checkbox"/> Texas State |
| <input type="checkbox"/> Northeast Lakeview | <input type="checkbox"/> St. Mary's | <input type="checkbox"/> Trinity |
| <input type="checkbox"/> Northwest Vista College | <input type="checkbox"/> St. Philips | <input type="checkbox"/> Texas A&M at _____ |
| <input type="checkbox"/> Our Lady of the Lake University | <input type="checkbox"/> San Antonio College | <input type="checkbox"/> University Texas at _____ |
| <input type="checkbox"/> Other: _____ | | |

Section 4 (required) – Signature

Student/Parent _____

Section 5 (optional) – Authorization for Alternate Person to Pick up Records (can only use if student is 18 or older).

I authorize _____ to obtain the academic records that I have requested.

Signature of Alternate Recipient (required if applicable) _____

OFFICE USE ONLY

Date: ____/____/____ Fee Paid \$ _____ ☐ Cash ☐ MC ☐ VISA ☐ Money Order# _____ Student ID _____