

**Liberty High School**  
2615 Jefferson Drive  
Liberty, Texas 77575  
936-336-6483 (phone), 936-336-3931 (fax)

**Alumni Transcript Request**

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

Your Name: \_\_\_\_\_

Maiden Name (if applicable): \_\_\_\_\_

Your Phone Number: \_\_\_\_\_

Your Date of Birth: \_\_\_\_\_

Year of Graduation: \_\_\_\_\_

Number of Transcripts Needed: **Official** (sealed in an envelope) \_\_\_\_\_ **Unofficial** \_\_\_\_\_

Will Pick Up Transcript: \_\_\_\_\_ Yes\* \_\_\_\_\_ No, please mail transcript

\*If graduate cannot pick up transcript, please list the person's name authorized to pick up:

\_\_\_\_\_

Your Mailing Address (only needed if not picking up transcript)

\_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

**OR**

Mail to College/University Name and Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Please fax this signed form to 936-336-3931 or email to [msclark@libertyisd.net](mailto:msclark@libertyisd.net).

Allow three (3) business days from receipt in the office of the request for processing.

For Office Use

Date Received in Office: \_\_\_\_\_

Date Processed/Mailed \_\_\_\_\_