

North East Independent School District

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TRANSCRIPT RELEASE FORM

ALL TRANSCRIPTS (OFFICIAL OR UNOFFICIAL) ARE \$5.00 EACH (CASH, CHECK OR MONEY ORDER).

PICTURE IDENTIFICATION AND SIGNATURES ARE REQUIRED FOR ALL REQUESTS.

Number of Copies:			
Student's Name When Attende	ng School:		
Student's Current Name:			
Student's Current Address:			
City/State/Zip:			
Phone:	Date of Birth:	Student ID#:	
Year of Graduation:	School of G	School of Graduation:	
If not a graduate, Last Year of Attendance:	School	l of Attendance:	
Purpose of Transcript:En	ploymentStudent Trai	nsferMilitaryEducationOther	
Send Transcript To:			
Address:			
City/State/Zip:			
To The Attention Of:		Phone:	
• Standardized test scores	es and universities require that you etc.	T, PSAT, SAT, and AP) will not be included with your our test scores be sent directly from the testing service, such	
Parent Signature if under 18	:	Date:	
		USE ONLY***************	
Released to:		PAIDCASH M.O. CHECK#	
ID Verification:	B	Expiration Date:	
Verified by:Date Sent:		ite Sent:	

"Universities or other entities that request official transcripts of the AAR directly from the school district are responsible for obtaining authority from the student for release of such records. Students may also request direct mailings of official copies to colleges or prospective employers. An official AAR provided to the authorized requesting institution implies that the AAR is transmitted directly from the District to the authorized requesting authority without the possibility of alternation. A transcript copy will be marked or stamped "OFFICIAL COPY" only at the time of release to another institution or student approved recipient, EXCLUDING PARENTS. This stamp or manual entry is never put on the original file document and is not placed on the copy provided to the student or family. {Min. Standards for AAR-TEA 9/2004}