

West Hardin CCISD

Transcript Request

- Regular Transcript
- Enclosed in a Sealed Envelope
- Pick Up

Complete the information below and attach a copy of photo ID to verify identity.

Student name at time of enrollment: _____

Birth Date: _____ Student ID or SSN: _____

Transcript should be sent to: _____

Name

Address

City/State/Zip

or

Faxed to: _____

By signing below, I hereby give my written consent allowing the release of my transcript.

Print Name

Contact Number

Signature of Requestor

Date of Request

Mail or fax to: West Hardin CCISD
39227 HWY 105
Saratoga TX 77585

Fax Number: 936-274-5671