

PALESTINE INDEPENDENT SCHOOL DISTRICT

Please mail request to:
Palestine High School
1007 E. Park Avenue
Palestine, Texas 75801
903-731-8005 ext. 2165 or ext. 2175

REQUEST FOR OFFICIAL STUDENT TRANSCRIPT/VERIFICATION \$2 Processing Fee

I am requesting an official unofficial transcript
(Please note that it may take up to 2 days to process.)

Number of Copies: _____

Last Name: _____ First Name: _____ Middle I.: _____
(when attending PISD)

Date of Birth: _____ Home Phone Number: _____ Cell Number: _____

Year of graduation: _____ or Last year of attendance: _____ Current student grade level: _____

COPY OF PHOTO ID REQUIRED

1. Please mail to address below

Send to: _____

Address: _____

City: _____ State: _____ Zip: _____

2. I will pick up at PHS or Designated person to pick up: _____

3. Fax

Attention to: _____ Fax number: _____

Signature: _____ Date: _____

OFFICE USE ONLY

Mailed or Picked up

Date: _____ Paid: _____