

LIBERTY HILL HIGH SCHOOL

TRANSCRIPT/RECORDS REQUEST

Complete form and return completed by fax (512) 260-5510 or email: jvickers@libertyhill.txed.net

REQUESTS MUST BE MADE TWO DAYS IN ADVANCE.

Final transcripts for current seniors will be sent within one month after student graduation.

Student Name: _____

Date requested: _____ Birthdate: _____ Telephone Number: _____

Current Student - Grade _____ Former Student - Last Year Attended: _____

Records Request:

Transcripts

- First 3 – Free
- Official electronic/pick-up – \$2
- Official mailed from LHHS - \$3

TSI Scores

Immunization Records (Pick-up only)

Method of Sending Records: (Most Colleges and Universities prefer that your transcript be sent electronically)

Electronically (SAT/ACT must be requested through the below websites)

- SAT through www.collegeboard.org; - ACT through www.actstudent.org.)

By Mail

By Fax

Hold For Pick Up

Please include all college or institutions where a transcript needs to be sent:

Texas Colleges (Complete name of school only):

Out of State Colleges (Need complete name of school and address):

I hereby request a copy of these records from my/my child's permanent file. I understand that these records have been put in the care of Liberty Hill ISD and are not for public use. Therefore, by signing below, I declare that I am the parent/legal guardian/student (18 years or older) and have the right to request this information.

Parent/Legal Guardian/Student Signature

Date

OFFICE USE ONLY:

Processed By: _____ Date Processed: _____ Paid: _____

Processed By: _____ Date Processed: _____ Paid: _____

Processed By: _____ Date Processed: _____ Paid: _____