

# ANGLETON HIGH SCHOOL TRANSCRIPT REQUEST FORM

1 Campus Dr., Angleton, TX 77515  
Phone: 979-864-8001  
FAX: 979-864-8093 or 979-848-9865  
EMAIL: [ahstranscripts@angletonisd.net](mailto:ahstranscripts@angletonisd.net)

Return completed form to AHS Registrar in person, by mail, fax or email.  
**IF MAILING, FAXING OR EMAILING, PLEASE INCLUDE A COPY OF YOUR ID.**  
Please allow a 24-hour turnaround for all transcript request to be filled.

\_\_\_\_\_  
NAME—LAST                      FIRST                      MIDDLE                      NAME ATTENDED UNDER—IF DIFFERENT

\_\_\_\_\_  
STREET ADDRESS    CITY    STATE    ZIP

\_\_\_\_\_  
DATE OF BIRTH    SOCIAL SECURITY NUMBER

\_\_\_\_\_  
PHONE NUMBER WHERE YOU CAN BE REACHED                      YEAR OF GRADUATION

Type Needed:  Official Copy  Unofficial/Student Copy

Number Ordered: \_\_\_\_\_

Reason for Requesting Transcript:  Employment  Education  Identification

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

SELF PICK UP  *You will be called when transcript is ready to be picked up.*

MAIL TRANSCRIPT TO: \_\_\_\_\_  
Name of Institution, Organization, or Individual

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City, State Zip

AHS STAFF NAME: \_\_\_\_\_ DATE FULFILLED: \_\_\_\_\_

## PLEASE NOTE:

Parents cannot request transcripts for their adult children. Spouses cannot request transcripts.