

**TRANSCRIPT REQUEST FORM
COLUMBIA HIGH SCHOOL**

PO Box 158, West Columbia, TX 77486
Phone: 979-799-1720 x2023
FAX: 979-345-5382

Return completed form to CHS Registrar in person, by mail, or by FAX

1. _____
LAST NAME FIRST MIDDLE NAME ATTENDED UNDER—IF DIFFERENT

2. _____
STREET ADDRESS

3. _____
DATE OF BIRTH

4. _____
SOCIAL SECURITY NUMBER

5. _____
HOME PHONE OR CELL NUMBER

6. _____
WORK PHONE NUMBER

7. Transcript Needed: Immediately When Semester Grades Are Recorded

8. Type Needed: Official Copy Unofficial/Student Copy

9. Number Ordered: _____

10. Reason for Requesting Transcript: Employment Education Identification

11. _____
SIGNATURE DATE

MAIL TRANSCRIPT TO: _____
NAME OF INSTITUTION, ORGANIZATION, OR INDIVIDUAL

MAILING ADDRESS

CITY STATE ZIP

CHS STAFF NAME: _____ DATE FULFILLED: _____

★ Please note: ★
Parents cannot request transcripts for their adult children.
Spouses cannot request transcripts.