

# PLANO SENIOR HIGH SCHOOL TRANSCRIPT REQUEST

Full Legal Name \_\_\_\_\_

PSHS ID Number \_\_\_\_\_ Phone \_\_\_\_\_

Birth Date \_\_\_\_\_ Graduation Year \_\_\_\_\_

Send To \_\_\_\_\_

College Name

Address

City

State

Zip

Postmark or Received by Deadline Date \_\_\_\_\_

Send **Graduated** transcript (Official)

Personal (Unofficial)

Transcripts are \$2.00 for an official copy and \$1.00 for a Personal Copy.

\* Transcripts will not be mailed until payment is received. Cash or check only.

Transcripts will not be issued for students with outstanding fines.

[Night/Summer School, Books, Library].

_____ Signature of Student	_____ Date
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**DO NOT WRITE BELOW THIS LINE**

\_\_\_\_\_ PAID IN FULL