

TRANSCRIPT REQUEST

PLANO EAST SENIOR HIGH
3000 LOS RIOS
PLANO, TX. 75074
TELEPHONE: 469-752-9000
FAX: 469-752-9244

NAME (FULL LEGAL NAME) _____

PESH ID NUMBER _____ BIRTHDATE _____

GRADUATION YEAR _____ TELEPHONE _____

SEND TO: _____
COLLEGE NAME

DUE DATE: _____

____ PERSONAL COPY: _____
STREET ADDRESS

CITY, STATE, ZIP CODE

- THE FIRST TRANSCRIPT WILL BE PROCESSED WITHOUT CHARGE
- EACH ADDITIONAL TRANSCRIPT WILL COST \$1.00 FOR A PERSONAL COPY AND \$2.00 FOR AN OFFICAL COPY

SIGNATURE

DATE