Springlake-Earth ISD Transcript Request

Fill out form and please email, fax or mail form back to: Springlake-Earth ISD High School Office Attn: Transcript Request P.O. Box 130

Earth, TX 79031 Fax: (806) 257-3927 email: rott@springlake-earth.org

| Transcript Request for: | | |
|----------------------------|---|--|
| *My name while I attended | d Springlake-Earth ISD was: | |
| *Date of Birth: | Years in attendance: | Graduation Date: |
| *Contact Phone: | | |
| Would you like an email n | otification when the request has been | sent? |
| Email address: | | |
| * Denotes required infor | mation. | |
| Please MAIL transcript to | name and address listed below: | |
| | | |
| Please FAX transcript to r | name and number listed below: | |
| | olleges take several weeks to process trans | t or former student, nor can a FAX be considered scripts into their databases. If you are enrolling in |
| | FOR OFFICE USE ON | ILY |
| Date Received: | | Processed by: |