

# Transcript/Records Request

Smithville High School  
Office of the Registrar  
P.O. Box 479, 285 Hwy 95 South  
Smithville, Texas 78957  
Phone 512-237-2451 Fax 866-289-8681  
[adallas@smithvilleisd.org](mailto:adallas@smithvilleisd.org)

Today's Date: \_\_\_\_\_ Year of Graduation \_\_\_\_\_ /or Dates of Attendance: \_\_\_\_\_

Student Name: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
First Last Middle

Date of Birth: \_\_\_\_\_ SHS ID# \_\_\_\_\_ *If a current student*

\_\_\_\_\_

Student Signature (age 18 or Former Student)

Parent Signature (if student is under the age of 18)

## Transcript Request

\_\_\_\_\_ OFFICIAL Transcript \_\_\_\_\_ # of Copies needed *An Official Transcript is sealed and stamped*

\_\_\_\_\_ One (1) UNOFFICIAL Transcript for personal use (You may make as many copies as needed)

## General Records Request

I am requesting the following records:

- ☐ Immunization Record
- ☐ Attendance Record
- ☐ Other record \_\_\_\_\_

### **Please check appropriate box:**

☐ Transcript will be picked up by: \_\_\_\_\_

☐ Send Electronically to: \_\_\_\_\_

☐ Fax Transcript to: (Name and Number) \_\_\_\_\_

☐ Mail Transcript to: Name \_\_\_\_\_

**Address:** \_\_\_\_\_