

TRANSCRIPT/PERSONAL RECORDS REQUEST FORM

Hughes Springs Independent School District

Records Management Officer
871 Taylor Street
Hughes Springs TX 75656

903-639-3802
Fax 903-639-2624
Stephenss@hsisd.net

Date of request: _____

NAME: First _____ Middle _____ Last _____

Maiden name: _____ (if applicable)

- 1 Year of graduation: _____
- 2 Year or grade when enrolled in HSISD _____
- 3 Social Security Number: _____
- 4 Date of Birth _____
- 5 Other Name/s under which your records may be located: _____
- 6 Name of parent/guardian when enrolled as a student: _____
- 7 Home Phone # _____ Cell # _____ Work Phone # _____

Type of information requested: _____

Date information needed: _____ *(Please allow at least 5 working days)*

Signature: _____

Choose One:

- Fax to: _____ (Attn: _____)
- Mail to: Name: _____
Street: _____ or P.O.Box No. _____
City: _____ State: _____ Zip+4: _____
- Email to: _____ (Attn: _____)
- Picked up by: _____ Date: _____

For office use only:

Record has been: mailed faxed scanned/mailed on: (date) _____ by: _____