

Schertz-Cibolo-Universal City Independent School District
Samuel Clemens High School
Family Educational Rights and Privacy Act
Records Request/Consent for Release Form for Transcripts
(which include identifying information, grades, credits, and state assessment scores)

FORMER AND CURRENT STUDENTS

***Please allow 7 Working Days to process the transcripts**

Please note, due to state law, official transcripts must be sent directly from high schools to colleges/universities. The registrar may release official transcripts in sealed envelopes only to students applying for scholarships outside of those offered by colleges/universities.

Name (include maiden name if married): _____

Year of Graduation/Year of Withdrawal: _____ Date of Birth: _____ ID#: _____

Phone#: _____ Quantity: _____ Today's Date: _____

Transcripts requested for following Colleges/Universities. For Colleges and Universities out of state, address is required.

1. Name: _____
a. Address: _____
2. Name: _____
a. Address: _____
3. Name: _____
a. Address: _____
4. Name: _____
a. Address: _____
5. Name: _____
a. Address: _____

Transcripts requested for the following scholarship programs:

1. _____
2. _____
3. _____
4. _____
5. _____

Student Signature

Date

Parent/Guardian Signature (required for students under age 18)

Date

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Date Received: _____ Date TRex/Mailed: _____ Date Picked Up: _____