

Transcript Request Form – Past Graduate/Former Student

Please Print Clearly

Do you wish to pick up the transcript in person?

Yes. Number needed _____

No

Please Mail Transcript to:

Recipient: _____

Address: _____

City: _____

State & ZIP: _____

Full Name that will appear on school records:

Last School Attended: *(circle one)*

Royse City HS

Royse City ALC

Year of Graduation or last year enrolled: _____

Date of Birth (month/day/year): _____

Current Name: _____

Daytime Phone #: _____

Email Address: _____

Signature: _____ **Date:** _____

Send form to the following:

Fax to 972-635-2906 Attention Registrar

Or

Mail to: Royse City High School

Attn: Registrar

PO Box 479

Royse City, TX 75189

FOR OFFICE USE ONLY: RCVD _____ COMPLETED _____ BY _____