

CURRENT STUDENT TRANSCRIPT REQUEST FORM



Lubbock High School

2004 19th St., Lubbock, Texas 79401

Ph: 806-219-1600



Last Name: _____ First Name: _____

Date of Birth: _____ LISD Student ID#: _____ Graduation Year: _____

Phone #: _____ Email: _____

Purpose of request (check one): College _____ Scholarship _____ Camp _____ Dual Credit _____
Other (please explain): _____

Number of copies needed: _____ **Transcripts are \$1.00 each; pay in cash to the registrar**

Transcript Delivery Options (allow for 5 business days for request to be processed):

- Pick up directly from the registrar in the administration office. Must have LHS ID badge or state ID.
- TRES electronic upload (only available to **public** Texas colleges/universities). Please provide the full name of the school(s) you need to send transcripts to via TRES:

- Mail directly to college/university by way of the registrar office; please plan for additional time it takes for the USPS to process mail. List the school mailing address below:

School Name:
Street Address or P.O. Box:
City, State, Zip:

School Name:
Street Address or P.O. Box:
City, State, Zip:

School Name:
Street Address or P.O. Box:
City, State, Zip:

For Office Use Only:

Date request received _____ Date request processed _____