



**COUNSELING & COLLEGE/CAREER READINESS
RECORDS REQUEST FORM**

Please allow up to 7 business days to process

FULL NAME USED IN SCHOOL: _____

OTHER LAST NAME USED: _____ PHONE NO. (____) _____

DATE OF BIRTH: _____ SS #. _____

GRADUATION OR LAST YEAR ATTENDED: _____

LAST LUBBOCK ISD SCHOOL ATTENDED: _____

LAST GRADE COMPLETED: _____

► MARK WHICH DOCUMENT YOU ARE TRYING TO OBTAIN:

TRANSCRIPT --- HOW MANY COPIES ARE NEEDED: _____

IMMUNIZATION RECORD --- HOW MANY COPIES ARE NEEDED: _____

All RECORDS (one Copy) **Transcript will not be official**

- **Documents are only considered official if sent by mail or picked and hand delivered due to the impressed seal on the document.**
- **Faxed copies are not considered official.**
- **After the third copy, there is a \$1.00 charge for each additional copy.**

◆ SIGNATURE: _____ DATE: _____

(WE DON'T ACCEPT ELECTRONIC SIGNATURES OR EMAIL RECORDS)

► Please indicate if you would like your records to be fax, mail or both:

FAX TO: _____ FAX # _____

MAIL TO: _____, STREET: _____

CITY: _____ STATE: _____ ZIP: _____

► PLEASE RELEASE MY RECORDS TO: _____

[Please print the name of the person picking up the records along with his/her phone number] **This person will need a valid driver's license with them.**

YOU CAN FAX THIS FORM TO: (806) 766-1118 ATTENTION: RECORDS DEPARTMENT

**A SIGNATURE IS REQUIRED FROM THE PERSON WHOSE RECORDS ARE BEING REQUESTED,
IF THAT PERSON IS 18 YEARS OR OLDER BY LAW.**

Lubbock ISD – Counseling & College/Career Readiness

Attention: Maria Sanchez / Records Clerk
1628 19th Street Lubbock, Texas 79401
Tel: 806-219-0350 **Fax:** 806-766.1118
E-mail: maria.sanchez@lubbockisd.org