



**COUNSELING & COLLEGE/CAREER READINESS
RECORDS REQUEST FORM (806) 219-0350**

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 FORM YOU ARE TRYING TO OBTAIN:

TRANSCRIPT --- HOW MANY COPIES ARE NEEDED: _____

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

- Documents are only considered to be official if sent by mail or picked and hand delivered due to the impressed seal on the document.
- Faxed copies are also not considered official.
- There is a \$1.00 charge for each additional copy after the first three.

◆ SIGNATURE: _____ DATE: _____

▶ Please indicate if you would like your records to be faxed, mailed or both:

FAX TO: _____ FAX # _____

MAIL TO: Name, Street, City, State, Zip. _____

▶ PLEASE RELEASE MY RECORDS TO: _____

[Please print the name of the person picking up the records.]
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.**