

MIDLOTHIAN ISD  
REQUEST FOR OFFICIAL STUDENT TRANSCRIPT

WITHIN FIVE YEARS OF GRADUATING

ANYTHING AFTER THE FIVE YEARS

MIDLOTHIAN HIGH SCHOOL

MIDLOTHIAN ADMINISTRATION BLDG.

923 SOUTH NINTH STREET

100 WALTER STEPHENSON RD.

MIDLOTHIAN, TX 76065

MIDLOTHIAN, TX. 76065

(972) 775-8237 FAX (972 )775-3178

(972) 775-8296 FAX (972) 775-3709

USE THE ABOVE ADDRESS TO SEND YOUR REQUEST TO.

**FEE - \$ 1.00**

Within one week of the receipt of this request, a transcript will be mail out or pick up at the corresponding building.

Date \_\_\_\_\_

Year last attended/Graduated \_\_\_\_\_ No. Of Copies \_\_\_\_\_

(Circle one) Transcript is for: Employment College Trade School Personal  
Please PRINT

Last Name Maiden Names First

Name of Where Transcript is Being Sent (College, University, etc...)

Mailing Address City State Zip

Daytime Number Cell Number

Date of Birth Social Security Number

Signature

E-mail Address

Office Use Only

Date \_\_\_\_\_ Paid \$ \_\_\_\_\_ Mailed Out \_\_\_\_\_ By \_\_\_\_\_