

Priority Charter Schools

275 FM 2483

Morgan's Point Resort, TX 76513

254.206.2013

Fax: 254.464.1713

transcriptrequest@prioritycharterschools.org

Transcript Request Form

Name (First, Middle, Last): _____

Any previous name that could be on transcript: _____

Date of Birth: __/__/__ Social Security Number: _____

Graduation date: __/__/__ or Last day attended: __/__/__

Campus of Attendance: _____

Purpose: Undergraduate Employment Scholarship Transfer

Other: _____

Current Address: _____
(Street, city, state, zip)

Phone number: _____

School Name: _____

Mail/Fax transcript to: _____

Signature: _____

Date: _____

Note: Transcripts are mailed as soon as possible, unless any of the following occurs: incomplete transcript, unidentifiable record, or balance on account.