

**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.*