Fulshear High School
Transcript Request
(Allow 48 hours to process request)

Date of Request: _____

Legal Name During High School: _____

Year of Graduation: _____ OR Date of Last Attendance: _____

ID #: _____ Date of Birth: _____ SSN (last four #s): ____

Cell Phone #: _____ Email: _____

Number of Transcripts Needed

Official (sealed) transcript(s) - _____ Unofficial transcript(s) - _____

Please check the appropriate box for delivery method of transcript:

___ Transcript will be picked up

___ Send Electronically (TX Colleges only)

___ Please mail transcript(s) to: (College or Scholarship Committee ONLY)

Address 1: _____

_____

Address 2: _____

_____

Address 3: _____

_____

Please drop this form off in the Registrar's Office or send to:

Fulshear High School
Registrar's Office
9302 Bois D'Arc Lane
Fulshear, TX 77441
Phone: (832) 223-5000 Fax: (832) 223-5001

Request Completed on: _____

Signature when picked up: _____ Date: _____