

TRANSCRIPT/PERSONAL RECORDS REQUEST FORM
Hughes Springs Independent School District

Records Management Officer
871 Taylor Street
Hughes Springs TX 75656

903-639-3802
Fax 903-639-2624
clarkn@hsisd.net

Date of request: _____

NAME: First _____ Middle _____ Last _____

Maiden name: _____ (if applicable)

- 1 Year of graduation: _____
- 2 Year or grade when enrolled in HSISD _____
- 3 Social Security Number: _____
- 4 Date of Birth _____
- 5 Other Name/s under which your records may be located: _____
- 6 Name of parent/guardian when enrolled as a student: _____
- 7 Home Phone # _____ Cell # _____ Work Phone # _____

Type of information requested: _____

Date information needed: _____ *(Please allow at least 10 working days)*

Signature: _____

Choose one:

-
- Fax to: _____ (Attn: _____)
-
- Mail to: Name: _____
- Street: _____ or P.O.Box No. _____
- City: _____ State: _____ Zip+4: _____
-
- Email to: _____ (Attn: _____)
- Picked up by: _____ Date: _____

For office use only:

Record has been: mailed faxed scanned/emailed on: (date) _____ by: _____