

Klein High Transcript Request Form

Transcripts are \$2.00 each (Payment must accompany the request form)

This box for office use only:	Date Received: _____	Received By: _____	\$2.00 Paid: YES NO
Additional Documents Provided to be Included:	No	Yes	_____
Date Processed: _____	Mailed	Prepared for Pick Up	TREx Confirmation # _____

- Please allow **3-5 school days** for transcripts to be processed from the date the request is received by the KHS Registrars' Office.
- **A faxed or mailed transcript request form:** A copy of the student's photo identification must accompany the request. Please be sure to send a follow-up email to mnunez@kleinisd.net to ensure the request has been attained by the KHS Registrars' Office. Until a return confirmation of receipt is established via email, assume the transcript request has NOT been received or processed.
- An **OFFICIAL TRANSCRIPT** with the school seal must be mailed directly to a college or university. **Official transcripts cannot be provided directly to a student or a parent.**
- An **UNOFFICIAL** transcript is any transcript that is not signed, does not have the school seal & is not sent directly from the school.

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**STUDENT INFORMATION:** Please print. Use full name as on school records.

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Student ID# \_\_\_\_\_ Graduation Year/Last attended \_\_\_\_\_

Student or Parent Signature \_\_\_\_\_ Today's Date \_\_\_\_\_

Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

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TRANSCRIPT INFORMATION: Please print. Include ALL requested information.

****Please note: Transcripts will only be mailed to the address provided. Failure to include an address will prevent the processing of the request.*

_____ **Official to be mailed**

Name of College/University, Scholarship Committee, Business

Street Address/ P. O. Box

City, State Zip Code

_____ **Unofficial to be mailed** _____ **Unofficial to be picked up** *(if pick up indicated, address does not need to be included)*

Name

Street Address

City, State Zip Code

RELEASE OF TRANSCRIPT (Only complete this section if authorizing release of requested unofficial transcript to another individual for pick up.)

Per FERPA (Federal Privacy Act), transcripts will only be released with the authorized signature of the student, along with proof of identity. Records will NOT be released to any party without the student's written consent accompanied by a copy of the student's photo identification.

I, _____ designate _____, as my representative in which to release the above requested unofficial transcript.

Student's signature: _____ Date: _____ (copy of photo ID must be provided; Student appointed representative must also show ID upon pickup)

School Mailing Address

Klein High School Registrar's Office
Attn: Mrs. Nunez
16715 Stuebner-Airline
Klein, Texas 77379-7372

Registrar Office Contact

Fax: 832-484-7820
Record Inquiry Phone: 832-484-4044
Record Inquiry Email: mnunez@kleinisd.net

Office Hours

Monday - Friday
7:00 - 3:30
See current year KISD Calendar for
holidays/school closures