## G. C. Scarborough High School 4141 Costa Rica

4141 Costa Rica Houston, TX 77092 713-613-2200, Fax: 713-613-2205



## **Transcript Request**

(Please allow up to 3 days for processing)

ALL Transcript Requests re	quire:		
Completed Transcript Re     Picture ID (school picture	A	ort, or copy of	driver's license).
Date of Request:			
ear of Graduation:OR Date of Last Attendance:			
Student name while enrol	led:		
Last: Date of Birth:	First: Phone #:		Middle:
Reason for transcript request:	For transcripts prior to 2 HISD Inactive 4400 W	<b>2015</b> contact: 7	713- 556- 6780
	erification of Enr (Please allow up t		
Student name: Last:	Fi	irst:	, ID#
Note: Guardian/Parent requ	esting VOE must be s	tated on the s	student record as a contact person
Reason: Driver's Lic.	☐ Social Security ☐	Child Sup	port Other:
	Office	e use only:	
Signature of student/guardian Fee re	ceived?	Yes/No	ate Staff initials:
Note: We cannot accept reque Documents must be picked up		the telephone.	We do not fax transcripts.