LEADING THROUGH EXCELLENCE AND EFFICIENCY
JAMES MADISON HIGH SCHOOL

TRANSCRIPT REQUEST FORM

Please allow 48 hours for request to be completed.
Processing Fee for Request
$1 Unofficial | $2 Official | $3 if mailed

Today's Date: __________
Year of Graduation: __________ Withdrawal Date: __________ Current Grade Level: ______
Student Full Name: __________________________
Maiden Name: __________ Other Name: __________ Date of Birth: __________
Student ID: __________ Phone Number: __________ Email: __________

Person Requesting Transcript:
☐ Myself ☐ Other (Name & Relation to student): __________________________

Reason for Transcript: ☐ College ☐ Scholarship ☐ Employment ☐ Military ☐ Personal Records
☐ Other: __________________________

* * * Seniors Only *** Preliminary Ranking and GPA on Transcript: ☐ Yes ☐ No

☐ OFFICIAL: SEALED ENVELOPE WITH SEAL ON TRANSCRIPT (SEND TO COLLEGE, ETC).
☐ UNOFFICIAL: ENVELOPE WITH NO SEAL OR SIGNATURE (Individuals must pick up unofficial transcript)

Provide completed information for each transcript requested if Mailed:
Name: __________________________
Address: __________________________
City, State, Zip: __________________________
Phone Number: __________________________

Return form to Ms. Sanford, Registrar
Email: ssanford@houstonisd.org
Return form to Ms. Gurley, SIR
Email: dgurley@houstonisd.org

School Official Only
Date Completed: __________________________
Completed by: __________________________