



Southwest Independent School District
11914 Dragon Lane,
San Antonio, TX 78252

TRANSCRIPT ORDER FORM
(Previous Students and Graduates)

In accordance with the Texas Open Records Act and the Family Educational Rights and Privacy Act of 1974, as amended, student academic records are classified as confidential, and may be released only with the written authorization of the student and/or the legal guardian.

To order your transcript: Fill out, sign, and date the printed form. Mail or Fax the completed form with a COPY of your driver's license or other valid signed picture identification.

Southwest Independent School District
Attention: Sona Samarron - Transcript Request
11914 Dragon Lane, Bldg 302, San Antonio, TX 78252
Fax: (210) 622-9394
Email: ssamarron7029@swisd.net

Requests will be processed within 3 to 5 work days after receipt of request.

NAME UNDER WHICH YOU WERE ENROLLED

IMPORTANT DATES

First _____

Date of Birth _____

Middle _____

Year of Graduation _____

Last _____

If Not a Graduate, Years of Attendance _____

CURRENT NAME (if different)

Last four digits of Social Security Number ***-**-****

PURPOSE OF TRANSCRIPT ___ Employment ___ Military ___ Scholarship ___ College/University ___ Other ___

YOUR CURRENT INFORMATION

Address _____ City _____ State _____ Zip _____

Telephone _____ Email _____

CHECK

___ Please hold them until I bring my picture ID to pick them up at Building 302.

___ Please send ___ (#) copies of my transcript to the address listed above.

___ Please send ___ (#) copies of my transcript to the following third party:

Name _____

Address _____

City _____ State _____ Zip _____

I certify that I am the person whose name appears on the name lines of this form and do hereby authorize release of my academic records to the addresses listed above.

Signature _____ Today's Date _____

[Office Use Only Date Received _____ Date Processed _____ Date Mailed/Picked up _____ Initial _____]