

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

> Email: ssamarron7029@swisd.net Fax: (210) 622-4331

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

NAME UNDER WHICH YOU WERE ENROLI				IMPORTANT			
First				Date of Birth			
MiddleLast				Year of Graduation			
				If Not a Graduate, Years of Attendance			
CURRENT NAME (if different)				Last four digits of Social Security Number ***-**-			
PURPOSE OF TRAN			Military	Scholarship _	College/U	University	Other
YOUR CURRENT IN	FORMAT	ION					
Address			City		_ State	Zip	
Telephone		Email					
CHECKPlease hold thenPlease send		ing my picture ID t	•		2.		
Please send	(#) cop	ies of my transcript	t to the follo	owing third party:			
Name					_		
Address					-		
City		State			-		
I certify that I am the records to the address	_		n the name	lines of this form a	and do hereby	authorize re	lease of my academic
Signature			Toda	y's Date			
Office Use Only I	Date Rece	ived Da	te Processo	ed Date	e Mailed/Pic	ked up	Initial]