

**McKinney North High School**  
**Official Transcript Request**

>>PLEASE ALLOW 3 - 5 BUSINESS DAYS TO PROCESS REQUEST

>>NO FINAL TRANSCRIPTS WILL BE ISSUED UNTIL ALL ACCOUNTS WITH THE SCHOOL ARE PAID

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\_\_\_\_\_ LAST NAME                      \_\_\_\_\_ FIRST NAME                      \_\_\_\_\_ M. I.

\_\_\_\_\_ MNHS STUDENT ID#                      \_\_\_\_\_ GRADE LEVEL                      \_\_\_\_\_ CURRENT PHONE #  
(Or Year of Graduation)

HOW MANY COPIES? \_\_\_\_\_ NOTE: Your *first* FIVE transcripts ever requested are at no charge and each additional transcript will cost \$1.00

I want the following information to be sent (check choice):

\_\_\_ FRONT Only ( Includes: demographic data, courses completed, grades, credits, GPA and rank )

\_\_\_ FRONT & BACK ( Includes available TAKS, SAT-I, SAT-II and ACT scores )

Please check the service desired:

\_\_\_ HOLD TRANSCRIPT FOR PICK UP BY STUDENT

\_\_\_ MAIL TRANSCRIPT TO ADDRESS BELOW (for multiple addresses use back of form)

NAME OF ADDRESSEE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

\_\_\_\_\_ STUDENT SIGNATURE (IF AT LEAST 18 YEARS OLD)

\_\_\_\_\_ BIRTH DATE

\_\_\_\_\_ PARENT SIGNATURE/RELATIONSHIP TO STUDENT

\_\_\_\_\_ TODAY'S DATE

*THIS REQUEST IS IN COMPLIANCE WITH THE PROVISIONS OF THE FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT OF 1974*