

Clarksville CMHS

Transcript and Records Request

Name the student used while in school (e.g. maiden name of female student):

Date of birth: _____ Social Security Number: _____ - _____ - _____

Last year in attendance: _____ Did student graduate? () Yes () No

Official Transcript () Unofficial Transcript ()

Official Transcripts can only be mailed; they cannot be faxed or emailed.

Complete address where transcript is to be mailed:

Additional instructions: _____

I certify I am the person whose name above, and do hereby authorize the release of my academic records to the address listed above.

Student Signature: _____

Date: _____

**For out of school requests you must include a copy of your valid DRIVER'S LICENSE or STATE ID CARD.

For office use only:

Date sent/given: _____ Signature: _____

Submit form to Faye Marshall at fmarshall@clarksvilleisd.org or fax 903-427-5071