



**BRAZOSPORT INDEPENDENT SCHOOL DISTRICT
Media Center
1031 Dixie Dr. Clute, Texas 77531**

HIGH SCHOOL TRANSCRIPT REQUEST FORM

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

Last

First

Middle

Date of birth: Month _____ Day _____ Year _____

Social Security Number: _____ - _____ - _____

Last high school attended in BISD: _____

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

Any additional instructions? _____

Address where transcript is to be mailed: _____

Telephone number where you can be reached: _____ () _____ - _____

Student Signature (**current name used**)

Date

****Your request must include a copy of your valid driver's license or state ID card.**

Mail requests to:
Brazosport ISD
District Records/Media Services
Clute, Texas 77531

OR

Fax transcript requests to: 979.730-7199

If you have further questions, call 979.730-7155 during office hours.

TRANSCRIPTS are processed in our office on **TUESDAYS** and **THURSDAYS** – only.