

Houston High School
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Mrs. Tara Volk,
Guidance Counselor

Ms. Shayna Adams,
Counselor's Secretary
Ext. 9416



TRANSCRIPT REQUEST

Student's Name: _____ Last Attended Year: _____

Your phone number: _____ email address: _____

Other Name(s) while attending: _____

Date of Birth: _____ SSN: _____

Person/Institution requesting the transcript: _____

Address: _____

Phone Number: _____

Where is the transcript to be sent:

Name: _____

Address: _____

Fax #: _____ (unofficial transcript)

Student's Signature: _____ Date: _____

Your signature is required to authorize the release of your transcript.

Student records are confidential and transcripts are issued only at the written request of the student.