

DOCUMENT REQUEST FORM
S & S HIGH SCHOOL
903-564-7308 (fax) or heather.cox@sscisd.net

****Name:** _____ Phone#: _____
(Please print)

Student ID#: _____ DOB: _____ SS#: _____

Current grade level: _____ or Date Graduated: _____ or Dates attended: _____

Please check below the appropriate area:

I need an **Official** Transcript (will be in a sealed envelope) _____ Enter how many you need
 You will pick up at the S & S High School Office
 You want it mailed (include information below)

I need an **Unofficial** Transcript _____ Enter how many you need
 You will pick up at the S & S High School Office
 You want it mailed (include information below)

I need a copy of my current report card (you will pick up in the S & S High School Office or FAX)

I need Parent Portal information/login (you will pick up in the S & S High School Office or FAX)

I need a copy of my _____ record (you will pick up in the S & S High School office or FAX)

Name of person/business/college _____

Address to be mailed to _____

City, State, Zip Code _____

Name of person/business/college _____

Address to be mailed to _____

City, State, Zip Code _____

Current students to complete:

Need transcript for: Dual Credit Scholarship College Admission Academic Planning

Need now **OR**

Hold transcript for: 1st SEM grades, 2nd SEM grades, graduation posting (seniors only)

Please note: You must allow at least **five (5) working days** to process your request. The school will accept **no** responsibility for a missed deadline if you fail to allow for the 5 days.

****Note: Former students must provide a copy of their driver license or proper ID****

STUDENT SIGNATURE _____ DATE _____

PARENT SIGNATURE _____ DATE _____

(Parent signature is required for ALL students enrolled at S & S High School. These signatures authorize SSHS to release this information to an institution of higher education and or its representative.)

For office use only: Date received _____ Date Processed _____ Processor's initials _____

Faxed to : _____