

**TRANSCRIPT REQUEST FORM  
COLUMBIA HIGH SCHOOL**

PO Box 158, West Columbia, TX 77486  
Phone: 979-799-1720 x2023

**Return completed form to CHS Registrar in person, by mail**

1. \_\_\_\_\_  
LAST NAME FIRST MIDDLE NAME ATTENDED UNDER—IF DIFFERENT

2. \_\_\_\_\_  
STREET ADDRESS

3. \_\_\_\_\_  
DATE OF BIRTH

4. \_\_\_\_\_  
SOCIAL SECURITY NUMBER

5. \_\_\_\_\_  
CITY STATE ZIP

6. \_\_\_\_\_  
WORK PHONE NUMBER

5. \_\_\_\_\_  
HOME PHONE OR CELL NUMBER

7. Transcript Needed:  Immediately  When Semester Grades Are Recorded

8. Type Needed:  Official Copy  Unofficial/Student Copy

9. Number Ordered: \_\_\_\_\_

10. Reason for Requesting Transcript:  Employment  Education  Identification

11. \_\_\_\_\_  
SIGNATURE DATE

MAIL TRANSCRIPT TO: \_\_\_\_\_  
NAME OF INSTITUTION, ORGANIZATION, OR INDIVIDUAL

\_\_\_\_\_  
MAILING ADDRESS

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

CHS STAFF NAME: \_\_\_\_\_ DATE FULFILLED: \_\_\_\_\_

★ Please note: ★  
Parents cannot request transcripts for their adult children.  
Spouses cannot request transcripts.