

Cypress-Fairbanks Independent School District

*Kathy Newman
Facilities Use and Records Manager*

TRANSCRIPT REQUEST

Once a student reaches the age of 18, all requests must be made by the student.
The student must indicate any individual who has a right to access his/her records.

**A VALID PHOTO I.D. (OR COPY OF ONE IF MAILING
OR FAXING) IS REQUIRED**

NAME _____
(Last) (First) (Middle)

MAIDEN NAME _____

SOCIAL SECURITY # _____ DATE OF BIRTH _____

NAME OF HIGH SCHOOL _____

YEAR GRADUATED _____ OR LAST YEAR ATTENDED _____

PHONE # (____) _____

I acknowledge that the above information is correct and I hereby authorize Cypress-Fairbanks
ISD Records Center to release the academic records to myself

OR release/mail to the following:

SIGNATURE _____ DATE _____

UNOFFICIAL (\$2.00) (Cash, Check or Money Order made payable to CFISD)

OFFICIAL (\$2.00) (Mailed directly to university, employer, or other designated agency)
(Cash, Check or Money Order made payable to CFISD)

**11330 Falcon Road Houston, Texas 77064
(281) 897-4580 FAX (281) 517-2178**



- HAVE YOU?**
- ✓ Enclosed a copy of your Photo I.D.?
 - ✓ Signed the Transcript Request?
 - ✓ Enclosed the \$2.00 fee?

For Records Dept. Use Only:

ID _____

Pymt _____

Released to _____