



KELLER INDEPENDENT SCHOOL DISTRICT  
RECORDS DEPARTMENT, 10310 Old Denton Road, Fort Worth, TX 76244

TRANSCRIPT REQUEST

DATE OF REQUEST: \_\_\_\_\_

I \_\_\_\_\_ AM HEREBY REQUESTING THAT MY TRANSCRIPT BE RELEASED TO  
Signature  
MYSELF OR TO ANY OTHER ENTITY THAT I SPECIFY.

PLEASE PRINT THE FOLLOWING INFORMATION

NAME \_\_\_\_\_  
(PLEASE INCLUDE ANY OTHER NAME THAT MAY BE ON YOUR RECORDS – EX. MAIDEN NAME)

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ YEAR WITHDRAWN \_\_\_\_\_  
YEAR GRADUATED \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

SCHOOL ATTENDED: CIRCLE ONE KHS FRHS CHS TCHS LC

TELEPHONE NUMBER FOR CONTACT: \_\_\_\_\_

ADDRESS TO WHICH TRANSCRIPT IS TO BE MAILED: (THIS MUST BE COMPLETED)

PLEASE RETURN THIS FORM AND \$3.00 PER TRANSCRIPT PROCESSING FEE TO  
KELLERISD RECORDS DEPARTMENT, 10310 Old Denton Road, Fort Worth, TX 76244  
MONEY ORDER, CASH OR CHECKS PAYABLE TO KISD,

OFFICE USE ONLY

SIGNATURE IF TRANSCRIPT IS PICKED UP \_\_\_\_\_  
DATE \_\_\_\_\_

FEE \$ \_\_\_\_\_ CHECK # \_\_\_\_\_ PAID – YES \_\_\_\_\_ NO \_\_\_\_\_

DATE RECEIVED \_\_\_\_/\_\_\_\_/\_\_\_\_ DATE PROCESSED \_\_\_\_/\_\_\_\_/\_\_\_\_ PROCESSOR \_\_\_\_\_

