



Odem

High School

1 Owl Square Odem, TX 78370
361-368-8121 X100 FAX 361-368-3781

REQUEST FOR TRANSCRIPT

***** Please be aware processing time could be 3 days. *****

Student Name

Last 4 digits pf SS# or School ID #

Date of Birth

Phone Number

Year of Graduation or last year of attendance: _____

Please check if you are a current student

Number of Personal Copies (Copies NOT being mailed by Registrar's Office, may be picked up at the receptionist's desk): # of Official _____ # of Non-Official _____

Please mail transcripts to the following institutions. **(It is your responsibility to provide correct information/ address for a mail out.)** Additional institutions may be written on the back.

University/College

University/College

Other

Address:

Address:

Address:

City, State, Zip:

City, State, Zip:

City, State, Zip:

***Note – By providing a signature, you give permission to release all test results such as PSAT, AP Scores, SAT, ACT, TAKS, End of Course and all high school course work.

Signature of Student

Parent Signature (if student is under 18)

For Office Use Only

Date received in office:	Date Completed:	Completed By:
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Odem Edroy ISD

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RECORD REQUEST

*** Please be aware processing time could be 3 days. ***

Student Name at Time of Enrollment: _____

DOB: _____

Last Year of Attendance: _____

Records requested:

____ Shot Records

____ Birth Certificate

____ Social Security Card

____ VOE – Verification of Enrollment and Attendance

____ Special Programs Records

____ Other: _____

Signature of Student

Parent Signature (if student is under 18)

Request complete by: _____

Date Completed: _____

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www.oeisd.org