



# Request for High School Transcript

## Pine Hill High School

<b>Student ID/SSN (if known)</b>		

**Please Print**

### PART A - STUDENT INFORMATION

Last Name		First Name		Middle Name	
Former Surnames (if applicable)				<b>Birthdate</b>	
				Day	Month
<b>Permanent Mailing Address</b>					
Street/P.O. Box		Town/City		State Zip Code	
Home Telephone No.		Business Telephone No.		Fax No.	
Last Grade Completed		Last Year Attended		Email Address (parents' if student is not 18 years old)	
<input type="checkbox"/> 9 <sup>th</sup> <input type="checkbox"/> 10 <sup>th</sup> <input type="checkbox"/> 11 <sup>th</sup> <input type="checkbox"/> 12 <sup>th</sup>					
A confirmation email will be sent to this address once the request has been processed.					

### PART B - DESTINATION ADDRESS

<input type="checkbox"/> <b>APPLICANT - STUDENT COPY SENT TO HOME ADDRESS</b>		<b>Special Request:</b>  
<b>1<sup>st</sup> College/Employer</b>	Name of Person/Department (College/Employer)	<b>PRODUCE TRANSCRIPTS</b> <input type="checkbox"/> NOW <input type="checkbox"/> After 1 <sup>st</sup> Semester results <input type="checkbox"/> After 2 <sup>nd</sup> Semester results <input type="checkbox"/> After Summer School results <input type="checkbox"/> Other: _____
	Name of College/Employer	
	Address	
	City State Zip Code	
<b>2<sup>nd</sup> College/Employer</b>	Name of Person/Department (College/Employer)	<b>PRODUCE TRANSCRIPTS</b> <input type="checkbox"/> NOW <input type="checkbox"/> After 1 <sup>st</sup> Semester results <input type="checkbox"/> After 2 <sup>nd</sup> Semester results <input type="checkbox"/> After Summer School results <input type="checkbox"/> Other: _____
	Name of College/Employer	
	Address	
	City State Zip Code	

### PART C - SIGN

Signature: (Required)	Date:	<b>Send Transcript Request to:</b> Pine Hill High School Office of Registrar P.O. Box 280 Pine Hill, NM 87357 Phone #: 505-775-3242 Fax #: 505-775-3505
<ul style="list-style-type: none"> <li>• We CANNOT process this form without your signature. Information regarding a child who has not reached legal age (18 years) must have the parent's signature or signature of a legal guardian. A certified copy of court order naming such legal guardian must be furnished before the request will be processed.</li> <li>• If this form is signed by someone other than the former student, a signed release form from the student must be attached to this application. The release form must designate a person authorized to sign for the release of records.</li> <li>• Telephone requests cannot be accepted. Please allow 2 to 3 business days for processing request.</li> </ul>		