

Katy Independent School District  
**Transcript Release Form**

**For Office Use ONLY**  
 Transcript  
 Profile  
 Student Schedule

**Please Print**

Name: Last	First	Middle Initial	Current Grade OR	Year Graduated
Date of Birth	Phone No.	Deadline Date	Date	

**Send transcript to:**

Institution \_\_\_\_\_

Street \_\_\_\_\_

City/State/Zip \_\_\_\_\_

**Purpose**

- Personal Use
- Official (For college admissions, ID verification, etc.) – Will be mailed by registrar.

**(Be advised that transcripts include all test results unless otherwise requested in writing.)**

**Check appropriate box(es)**

- \$1.00 **(required)**
- Proper-sized envelope, with appropriate postage affixed to envelope **(required)** with the following return address:  
CRHS  
23440 Cinco Ranch Blvd.  
Katy, TX 77494
- Written request to delete ALL test results – attached

\*Signature \_\_\_\_\_

\*Parent signature required if student is under age 18 and has not graduated. Student signature required if student is age 18 or has graduated.

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