

Katy Independent School District

Transcript Release Form

Please Print

Name: Last	First	Middle Initial	Current Grade	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)

- written request to delete test results—attached
- \$1.00 —required for all transcript requests—attached
- Proper-sized envelope—required for all transcript requests with home address as the return address—attached
- Appropriate postage attached to envelope
- Application needs Counselor Recommendation

Signature of Principal Counselor Registrar

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.