

# TRANSCRIPT/PERSONAL RECORDS REQUEST FORM

Hughes Springs Independent School District

Records Management Officer  
871 Taylor Street  
Hughes Springs TX 75656

903-639-3802  
Fax 903-639-2624

Date of request: \_\_\_\_\_

NAME: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Maiden name: \_\_\_\_\_ (if applicable)

- 1 Year of graduation: \_\_\_\_\_
- 2 Year or grade when enrolled in HSISD \_\_\_\_\_
- 3 Social Security Number: \_\_\_\_\_
- 4 Date of Birth \_\_\_\_\_
- 5 Other Name/s under which your records may be located: \_\_\_\_\_
- 6 Name of parent/guardian when enrolled as a student: \_\_\_\_\_

Current mailing address:

Street: \_\_\_\_\_ and/or P.O.Box No. \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip+4: \_\_\_\_\_

Phone No. \_\_\_\_\_ (where you are the easiest to reach)

E-Mail: \_\_\_\_\_

Type of information requested:

\_\_\_\_\_

Date information needed: \_\_\_\_\_ (Please allow at least 10 working days)

Signature: \_\_\_\_\_

**For office use only:**

Record has been:  mailed  faxed  scanned/mailed on: (date) \_\_\_\_\_ By: \_\_\_\_\_

OR picked up by: \_\_\_\_\_  
(signature) (printed name) (date)