

Pioneer High School - Transcript Request Form

Attn: Angelita Rivera- Registrar Phone: 956-271-1600 10001 North Shary Road Mission, Texas 78572

Student Name:	_ SS# XXX-XX ID#
Phone Number: () Date of Birth:	/ Grade:
Graduation Year:	Number of copies needed:
If you withdrew before graduating, what year SHOULD you have	ve graduated? **
Please CHECK purpose of documentation requested:	Please <u>LIST</u> name and location of college(s):
[] College [] Scholarship	
[] Transfer HS [] Other	
[] Passport/Immigration (\$2)	
[] Identification (Birth Certificate/SS Card)	
[] Job [] Court Request	
[] Military	
Check Applicable: Official \$2.00	
* Transcripts that need additional information or need to be	sent certified will cost \$2.00*
SIGNATURE BELOW CONSTITUTES PERMISSION TO PIONEER H	HIGH SCHOOL TO RELEASE ALL SCORE LABELS INCLUDED
Signature: Date	e:
*TRANSCRIPTS WILL BE READY WITHIN TWO BUSINESS DAYS OF RE **STUDENTS WHO HAVE GRADUATED 3 OR MORE YEARS PAST THE TRANSCRIPTS TO BE READY. Pick up Signature: Pick U	PRESENT YEAR WILL NEED TO WAIT UP TO A WEEK FOR
rick up signature.	5p 5d(c.
ALL TRANSCRIPTS WILL BE DESTROYED IF NOT PICKED UP <u>AF1</u>	TER 30 DAYS FROM REQUEST DATE WITH NO REFUND!
*If you do not live within the Valley and are still Residing in the U.S. it is required that you mail This form in along with a <u>CASH OR MONEY ORDER</u> (NO CHECKS)	For Office Use Only Mailed: Faxed:
	TREX:
Revised 7/24/18	Amount Paid: