



# Lake Worth Independent School District

PEIMS DEPARTMENT

6805 Telephone Road Phone (817) 306-4200 EXT# 1143  
Lake Worth, TX 76135 Fax (817)238-1437

## TRANSCRIPT REQUEST FORM

**\*\*\* ALLOW TEN (10) DAYS TO PROCESS \*\*\***

**\*If requesting via fax or mail, please send a copy of a photo ID.\***

Today's Date: \_\_\_\_\_

Student's full name: \_\_\_\_\_  
(name used while attending LWISD)

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Graduation Year: \_\_\_\_\_ Last School attended in Lake Worth \_\_\_\_\_

If not graduated, year last attended \_\_\_\_\_ Grade: \_\_\_\_\_

Check one of the following for processing of request:

\_\_\_\_\_ I am requesting an official copy of transcript to be picked up at the Administration building. Transcripts not picked up within seven (7) days of completion will be destroyed and a new request will have to be submitted for processing

Number of copies \_\_\_\_\_

\_\_\_\_\_ I am unable to pick up my transcript and I am requesting my transcript to be released to: \_\_\_\_\_.  
I have submitted a copy of my ID.

\_\_\_\_\_ I am requesting that a copy of my transcript be mailed or faxed to the following school/university/business at the address/number below:

Name of School/Business: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Fax # \_\_\_\_\_

Signature: \_\_\_\_\_ Phone Number: \_\_\_\_\_

For district use:

Received by \_\_\_\_\_ Fulfilled by \_\_\_\_\_ Date Fulfilled \_\_\_\_\_