



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 _____