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# GROVETON INDEPENDENT SCHOOL DISTRICT

Groveton, Texas 75845

## Transcript Request Form

Student Name (at time of graduation): \_\_\_\_\_

Date of Graduation: \_\_\_\_\_

Please send my high school transcript to:

Recipient Name: \_\_\_\_\_

Recipient Mailing Address: \_\_\_\_\_

Current students and recent graduates may be eligible to have the transcript sent electronically directly to the Texas college/university to which they have applied through the secure TRex system. *If this applies to you*, do you want the transcript sent electronically? \_\_\_\_\_

If you want the transcript e-mailed or faxed, the social security number will be removed before it is sent. Please provide the e-mail address or fax number of the recipient if this is the preferred method. \_\_\_\_\_

Current Name (Printed) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_