

Riviera Independent School District
HIGH SCHOOL TRANSCRIPT REQUEST FORM

Full Name that will appear on school records:

Last (Print)

First

Middle

Date of Birth (month/day/year): ____/____/____

Do you wish to pick up the transcript in person?

Yes* (A photo ID will be required)

No,

Please send by: Mail TReX

Mail Transcript to: Recipient: _____

Address: _____

City: _____ State & Zip: _____

Student Signature

Date

For Office Use Only

Fulfilled By

Date

