



Lyndon B. Johnson High School

Student Transcript Request Form

Use this form to request transcript(s). Please complete all information.

(PRINT CLEARLY)

Number of copies: _____

Name: _____

Last (Maiden)

First

Middle

Date of Birth: ____/____/____ Student ID #: _____

Social Security#: _____-____-_____

Date of Graduation: _____

If not a graduate, last date of attendance: _____

Home Phone: _____ Cell Phone: _____

All information on this form must be accurate in order to complete the request process.

Please check box to indicate type of request:

Ordering in person (956) 473-5100

Transcript(s) may be requested at the Registrar's office in person or by phone.

Please enter through the main entrance of the school to request and /or pick up transcript(s).

Please note there is a 24-hour processing period.

Photo ID required

Ordering by mail

Include this form with the following information:

Copy of photo identification

Ordering by e-mail smorales2@unitedisd.org

Attach this form with a scanned copy of photo ID

Please check one:

_____will pick up

_____please mail

Ordering by fax (956) 473-5356

Include this form with the following information

Copy of photo identification

Please check one:

_____will pick up

_____ please mail

If you are requesting transcript(s) to be mailed, please send a stamped self addressed envelope(s) to the address below.

**Please submit request to: Sandra M. Morales, Registrar
5626 Cielito Lindo Blvd.
Laredo, TX. 78046**