



WEST OSO INDEPENDENT SCHOOL DISTRICT

OFFICE OF THE SUPERINTENDENT
5050 ROCKFORD DRIVE CORPUS CHRISTI, TEXAS 78416



TRANSCRIPTION REQUEST / GRADUATION VERIFICATION FORM

Date of Request: _____

STUDENT INFORMATION

Name: _____
(Print) First Last

Other Name(s) Used: _____

Date of Birth: _____ Social Security Number: _____

Mailing Address: _____
Street/Apt # City, State, ZIP

Email Address: _____

Phone Number: _____
Home: Area Code & Number Cell: Area Code & Number

Month & Year of Graduation: _____ Last Year Attended: _____

Year Withdrawn: _____

METHOD OF REQUEST

Request Made by: *(Please check one)*

Phone: _____ Letter: _____ In Person: _____ Other: _____

Name of Person Making Request		Signature	
-------------------------------	--	-----------	--

Type of Request: *(Please check one)*

Official Transcript: _____ Graduation Verification _____

Requested by: *(Please check one)*

Student: _____ College/University: _____ Company: _____ Other: _____

Information Picked Up By: _____

OFFICE USE ONLY			
Verified by		Date	
Date Faxed or Mailed		Picked up by	

COMMENTS

Updated: September 2019 AC

You will need to provide a copy of your Driver's License along with the request