# TBISD

**TOM BEAN HIGH SCHOOL**
**P.O. BOX 128**
**TOM BEAN, TEXAS 75489**
**PH# 903-546-6319 FAX # 903-546-6319**

# TRANSCRIPT RELEASE

I, _____, give Tom Bean High School permission to release my high school transcript to the following agencies:

_____ college or university

_____ any branch of the military

_____ employment agencies

_____ my personal use

I understand that this transaction will take place when one of these agencies requests a transcript for educational purposes. I understand that this form needs to be signed and on file in my permanent record before transcripts will be sent.

_____ _____
Student Signature Date

**Please send my transcript to the below named institution upon this request.**

Date of Request: _____ Request needs to be: Faxed _____ Mailed _____

**NAME OF INSTITUTION** **ADDRESS OF INSTITUTION**
_____ _____

**FAX NUMBER OF INSTITUTION**
_____

***Upon the date of graduation, please send my transcript to the following institutions:*

**NAME OF INSTITUTION** **ADDRESS OF INSTITUTION**
_____ _____
_____

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*Office Use Only*

Date Request Received: _____ Date Transcript Sent:_____
Transcript sent by: _____
(Sender's Signature)