



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 Year of High School Graduation: _____
- _____ 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.

**Transcripts must be requested at least one week in advance of date needed.*

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

Office Use Only

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