



John H. Guyer High School
Former Student
Transcript Request
 8:15 AM — 4:00 PM, School Days

Guyer High School
 ATTN: Registrar's Office
 7501 Teasley Ln
 Denton, TX 76210

Phone: 940-369-1000
 Fax: 940-369-4964
www.dentonisd.org/Page/59095

PLEASE PRINT

Student Phone # _____

Last Name (Used while at Guyer): _____ First Name _____ Middle Initial: _____

Date of Birth: _____ Graduation Year: _____ **OR** Last Year of Attendance: _____ Last Grade Attended: _____

- ◆ There is a \$2.00 processing fee for each requested transcript or TSI score report copy. Cash, check, or money order, only, paid by mail or in-person in the Guyer front office.
- ◆ A copy of the former student's government issued ID is required.
- ◆ AP, SAT & ACT scores must be sent directly from the testing site: AP & SAT: www.collegeboard.org ACT: www.act.org
- ◆ Please allow 24-72 hours for processing. Additional time may be required after graduation (spring semester) or over summer break.

Please choose how you prefer your transcript to be sent:

_____ Electronically via TReX (Texas Records Exchange) where available. Based on the graduation year, it is possible to TReX some transcripts to Texas public schools and universities. TReX is the fastest method to send transcripts, and the only way to electronically send transcripts. Transcripts will not be emailed. TSI scores cannot be sent via TReX or email.

Please provide address(es) below if TReX is not possible for your request(s).

_____ USPS Standard Mail; **please provide address(es) below.**

_____ Pick-Up In-Person from the Guyer Front Office; If someone other than the student will be picking up the transcript, please provide that person's name, otherwise the transcript will **only** be released to the student; an ID will be required from anyone picking up a transcript/TSI scores.

Person picking up transcript(s): _____ Contact Phone Number: _____

_____ # of transcripts needed at this address. Name of University/Recipient: _____

Attn: _____ Address: _____

City: _____ State / Zip: _____ If possible, please send via TReX (check here). _____

_____ # of transcripts needed at this address. Name of University/Recipient: _____

Attn: _____ Address: _____

City: _____ State / Zip: _____ If possible, please send via TReX (check here). _____

_____ # of transcripts needed at this address. Name of University/Recipient: _____

Attn: _____ Address: _____

City: _____ State / Zip: _____ If possible, please send via TReX (check here). _____

_____ # of Official TSI score reports needed. TSI scores can only be mailed or picked-up in-person.

As a reminder, all paper copies of transcripts and TSI scores are official because they are sealed. Once the seal has been broken, the records become unofficial, and you will need to re-request them.

Former Student Signature: _____ Date: _____

STUDENT RECORDS:
 ACCESS TO THE EDUCATION RECORDS OF A STUDENT WHO IS OR HAS BEEN IN ATTENDANCE AT A SCHOOL IN THE DISTRICT SHALL BE GRANTED TO THE PARENT OF THE STUDENT WHO IS A MINOR OR WHO IS A DEPENDENT FOR TAX PURPOSES.

WHENEVER A STUDENT HAS ATTAINED 18 YEARS OF AGE OR IS ATTENDING AN INSTITUTION OF POSTSECONDARY EDUCATION, THE RIGHTS ACCORDED TO, AND CONSENT REQUIRED OF, PARENTS TRANSFER FROM THE PARENTS TO THE STUDENTS.

FOR OFFICE USE ONLY:

TOTAL # REQUESTED: _____
 AMOUNT PAID: _____
 DATE PAID: _____
 FINE CHECKED: _____
 STUDENT ID VERIFIED: _____

FOR REGISTRAR USE ONLY:

DATE SENT: _____
 VIA: MAILED OR TReX OR CALLED FOR PICKUP
 TReX TRACKING #: _____
 COMPLETED BY: _____