

TRANSCRIPT REQUEST

PERRYTON HIGH SCHOOL
1200 S. Jefferson
Perryton, TX 79070

Phone: 806-435-3633
Fax: 806-435-2602
E-mail: dharris@perrytonisd.com



PERRYTON HIGH SCHOOL

DATE: _____

LAST NAME FIRST NAME MIDDLE MAIDEN

YEAR OF GRADUATION OR LAST YEAR OF ATTENDANCE: _____

DATE OF BIRTH: _____ LAST FOUR DIGITS OF SOCIAL SECURITY: _____

I am requesting my high school transcript to be mailed to:

I can be reached at the following number if necessary: _____

SIGNATURE

Request can be mailed to: Dorla Harris, Registrar

1200 S. Jefferson
Perryton, TX 79070

Request can be FAXED to: **806-435-2602**

Request can be emailed to: dharris@perrytonisd.com

**PLEASE
NOTE:**

Your signature is **REQUIRED**. To send your transcript request via email it will be necessary for you to:

1. Print request
2. Complete form
3. Scan form (with SIGNATURE)
4. Email form as an attachment