

CROSS ROADS HIGH SCHOOL
14434 FM 59
Malakoff, Texas 75148
Phone: 903-489-1275 Fax: 903-489-0054
TRANSCRIPT REQUEST FORM

Today's Date: _____

Last Name	First	M. I.	Social Security Number
Name/Names your records could be under			Birth Date
Current Address			Date Graduated or Year last attended
City	State	Zip	Contact Phone #

I authorize the release of the following information to the school(s) that I have listed below.

- _____ Test scores (SAT, ACT, TAKS)
- _____ Transcript

Date: _____ **Student Signature:** _____

Send information to the following school(s):

<i>School Name</i>	<i>Address (City/State/Zip)</i>
<i>School Name</i>	<i>Address (City/State/Zip)</i>
<i>School Name</i>	<i>Address (City/State/Zip)</i>
<i>School Name</i>	<i>Address (City/State/Zip)</i>

Office Use Only	
Date mailed or faxed: _____	Mailed or faxed by: _____