



Records Management Office
 Mabank Independent School District
 310 E Market St., Mabank, Texas 75147
 903-880-1300 Fax 903-880-1303

Request Processed Within 48 Hours

******Transcripts will not be emailed or faxed******

TYPE OF RECORD REQUESTED:

___ TRANSCRIPT ___ IMMUNIZATION RECORDS ___ OTHER RECORDS: _____

 LAST NAME/MAIDEN (NAME ON RECORD) FIRST NAME MIDDLE NAME

 STREET ADDRESS CITY STATE ZIP

 DATE OF BIRTH LAST 4 NUMBERS (SOCIAL SECURITY #) DAYTIME PHONE #

 YR GRADUATED/WITHDRAWN LAST GRADE ATTENDED ALTERNATE PHONE #

- PERSONAL COPY (UNCERTIFIED)
 ___ MAILED TO: _____

- CERTIFIED COPY

*****To be mailed to a University or Agency, not to an individual*****

Mail to: _____

 Signature of Student or Authorized Person Date

For Office Use Only:

Processed by: _____ Date: _____