



# ***SHEPHERD INDEPENDENT SCHOOL DISTRICT***

1401 South Byrd Avenue  
Shepherd, TX 77371

**Shepherd High School**  
Phone: 936-628-3371  
Fax: 936-628-6986

**Date:** \_\_\_\_\_

**Name** (as it appears on transcript):  
\_\_\_\_\_

**DOB:** \_\_\_\_/\_\_\_\_/\_\_\_\_ Last four of **Social Security:** \_\_\_\_\_

( ) I am requesting an **official** copy of my High School Transcript

( ) I am requesting an **unofficial** copy of my High School Transcript

Number of transcripts requested: \_\_\_\_\_

Name of College(s) & Address you would like your transcript(s) mailed to:  
\_\_\_\_\_  
\_\_\_\_\_

**OR** please mail copy to:  
\_\_\_\_\_  
\_\_\_\_\_

**OR** please fax copy to (faxed copies will be unofficial):  
\_\_\_\_\_

**Signature:** \_\_\_\_\_

**Please make sure you have filled out all of the bold areas.  
Transcripts will not be processed without a signature. Once you  
have completed this sheet, please fax it to (936) 628-6986  
Attn: Tera Thomas**

Please allow a 2 day processing time for transcripts.