



**MARBLE FALLS INDEPENDENT SCHOOL DISTRICT**

**TRANSCRIPT REQUEST**

Name While Attending MFISD: \_\_\_\_\_  
Last First Middle

Date of Birth \_\_\_\_\_ Social Security # xxx-xx-\_\_\_\_\_

Email Address \_\_\_\_\_ Phone # \_\_\_\_\_

High School Attended Marble Falls HS \_\_\_\_\_ Falls Career HS \_\_\_\_\_

Did you Graduate? Yes \_\_\_\_\_ Year \_\_\_\_\_

No \_\_\_\_\_ Last Year of Attendance \_\_\_\_\_

If requesting **Official** Transcript(s) to be mailed, please provide the name and full address of each intended recipient:

- 1. \_\_\_\_\_ 2. \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- 3. \_\_\_\_\_ 4. \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

If requesting **Unofficial** Transcript(s) please provide email address or fax number of intended recipient:

- 1. \_\_\_\_\_ 3. \_\_\_\_\_
- 2. \_\_\_\_\_ 4. \_\_\_\_\_

**Important Note: Students age 18 or older must request their transcript on their own behalf.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please submit completed form to Julie Shaffer:  
email: jshaffer@mfisd.txed.net  
fax: 830-798-3606  
mail: 1800 Colt Circle, Marble Falls TX 78654

**Office Use:** Received \_\_\_\_\_  
Submitted Via \_\_\_\_\_  
Date \_\_\_\_\_