

Schertz-Cibolo-Universal City Independent School District  
Samuel Clemens High School  
Family Educational Rights and Privacy Act  
Records Request/Consent for Release Form for Transcripts  
(which include identifying information, grades, credits, and state assessment scores)

**FORMER AND CURRENT STUDENTS**  
**\*Please allow 7 Working Days to process the transcripts**

Please note, due to state law, official transcripts must be sent directly from high schools to colleges/universities. The registrar may release official transcripts in sealed envelopes only to students applying for scholarships outside of those offered by colleges/universities.

Name (include maiden name if married): \_\_\_\_\_  
Year of Graduation/Year of Withdrawal: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ ID#: \_\_\_\_\_  
Phone#: \_\_\_\_\_ Quantity: \_\_\_\_\_ Today's Date: \_\_\_\_\_

**Transcripts requested for following Colleges/Universities. For Colleges and Universities out of state, address is required.**

1. Name: \_\_\_\_\_  
a. Address: \_\_\_\_\_
2. Name: \_\_\_\_\_  
a. Address: \_\_\_\_\_
3. Name: \_\_\_\_\_  
a. Address: \_\_\_\_\_
4. Name: \_\_\_\_\_  
a. Address: \_\_\_\_\_
5. Name: \_\_\_\_\_  
a. Address: \_\_\_\_\_

Transcripts requested for the following scholarship programs:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

\_\_\_\_\_  
Student Signature Date

\_\_\_\_\_  
Parent/Guardian Signature (required for students under age 18) Date

.....  
Date Received: \_\_\_\_\_ Date TRex/Mailed: \_\_\_\_\_ Date Picked Up: \_\_\_\_\_