



"What We Do Here Shapes The World"

P.O Box 309 | Los Fresnos, Texas 78566

Ph. (956) 254-5000 Fax (956) 233-3599

Request for Transcripts or Student Records

Proper valid picture ID needed

Requesting: _____

Please indicate transcript or specific record

Student's Name _____ SSN or LFHS ID _____
Print Name

Place of Birth _____ Date of Birth _____

Father's Name _____ Mother's Name _____

Did you graduate from LFHS? [] No [] Yes _____
Indicate Year

If you did not graduate from LFHS:

Last Year at LFCISD _____ Campus Attended _____

Indicate the address where the records should be mailed: (Please print)

Mailing Address _____

City/State/Zip Code _____

Home telephone (____) _____ Work telephone (____) _____

Student's Name _____

Student's Signature _____ Date of Request _____

Parent's/Guardian's Signature _____ Date of Request _____ :

Attach copy of photo ID

Submit this application by email to manaya@lfcisd.net

For Registrar's Office use:

Date Completed: _____ By: _____

Indicate one: Mailed _____ Given to student: _____

Notes: _____