



TAOS HIGH SCHOOL
134 CERVANTES ST., TAOS, NM 87571

REGISTRAR: 575.751.8013
www.taoschools.org

TRANSCRIPT or RECORDS REQUEST FORM

PLEASE ALLOW 7-14 WORKING DAYS TO PROCESS REQUEST.
PRINT CLEARLY IN INK.

1. STUDENT/ALUMNI INFORMATION

DATE OF REQUEST:	YEAR OF GRADUATION:	DID NOT GRADUATE:
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LAST NAME:	DATE OF BIRTH: / /
FIRST NAME:	EMAIL:
MIDDLE NAME:	PHONE NUMBER: ()

2. SCHOOL RECORDS NAME DURING ENROLLMENT

LAST NAME:	FIRST:	MIDDLE:
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3. PURPOSE OF REQUEST. *Check applicable boxes.*

COLLEGE/UNIVERSITY	EMPLOYMENT	PERSONAL	OTHER
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4. OFFICIAL OR UNOFFICIAL COPY.

OFFICIAL (sealed in envelope):	UNOFFICIAL:
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5. MAILED, PICKED UP, EMAIL. *Complete applicable boxes.*

US MAIL:	WILL PICK UP:	EMAIL:
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6. I hereby authorize Taos High School to release an OFFICIAL TRANSCRIPT of my high school academic records to:

NAME OF SCHOOL/PERSON:		
MAILING ADDRESS:		
CITY:	STATE:	ZIP CODE:

6. REQUIRED SIGNATURES. NOTE: Students under 18; parent/guardian consent is required if transcript is not to a college, university, or an accredited school. *Choose an option.*

OPTION #1	STUDENT or PARENT/GUARDIAN SIGNATURE:
OPTION #2	ALUMNI SIGNATURE:

THIS SECTION FOR REGISTRAR USE: