

Transcript Request

Baird High School
P.O. Box 1147 • Baird TX • 79504
Phone: 325-854-1400

Please print and return this form. Transcripts will be mailed upon receipt of this form.

Student Name: _____
Last Name Maiden Name First Name MI

Baird ISD ID# (if known) _____ Social Security # _____

I am a:

Current Student ____ Grade _____
-or-

Former Student ____ Date of Birth: _____ Year Graduated: _____

If you did not graduate, last school year attended: _____

_____ Number of Transcripts Requested

Please mail Transcript(s) to the following Institution(s):
(Include Complete Mailing Address)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Signature* _____ Date _____ Phone Number _____

(*A student's Academic Records are classified as confidential and may be released only with student's or parent's written authorization and signature.)

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Office Use Only

Date Mailed: _____