

TIDEHAVEN HIGH SCHOOL
P O Box 159
El Maton, Texas 77440
Phone: 361-588-6810 Fax: 361-588-6966

Alumni Transcript Request

Date of Request: _____

Full Name: _____

Maiden Name: _____

Social Security: _____ **Phone number:** _____

Address: _____

City/State/Zip Code: _____

Date of Birth _____ **Year Graduated:** _____

Number of Transcript Copies to be picked up:
Official (are sealed in an envelope) _____ **or Unofficial** _____

OR

Send to: College/University Name and Address:

Signature of Tidehaven Alumni:

PLEASE ALLOW THREE (3) BUSINESS DAYS FOR PROCESSING AFTER REQUEST HAS BEEN RECEIVED IN THE COUNSELOR'S OFFICE