Panola Schools District

REQUEST FOR OFFICIAL TRANSCRIPT

Panola Charter High School Panola Early College High School Texas Early College High School

Please Print All Information:

Name Student Us	ed in Scho	ool			
Social Security #_			Date of Bir	th/_ Month Day	
Year of Graduatio	n	or La	ast Year of At	tendance	
Transcript Reques	sted by:				
Name					
Address					
City		State	Zip	Ph #	
Number of Copies	s Requeste	ed			
Please Initial in Ap	ppropriate	Box:			
	I will take Please m	transcript w ail	ith me		
College / Univers	sity Name	& Mailing	Address:		
Signature of Requ	uestor				
Date of Request _					

Upon completion, please bring the form or mail/Email/fax to:

Panola Charter School 1110 FM 10 / P.O. Box 610 Carthage, TX 75633

Ph. (903) 503-7784 Fax. (903) 694-2208

Thresa White – thresa@panolaschools.net

* Please allow 3-5 business days to process request. *