



Records Management Office
 Mabank Independent School District
 310 E Market St., Mabank, Texas 75147
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Request Processed Every Tuesday and Friday

******Transcripts will not be emailed or faxed******

TYPE OF RECORD REQUESTED:

TRANSCRIPT
 IMMUNIZATION RECORDS
 OTHER RECORDS: _____

 LAST NAME/MAIDEN (NAME ON RECORD) FIRST NAME MIDDLE NAME

 STREET ADDRESS CITY STATE ZIP

 DATE OF BIRTH LAST 4 NUMBERS (SOCIAL SECURITY #) DAYTIME PHONE #

 YR GRADUATED/WITHDRAWN LAST GRADE ATTENDED ALTERNATE PHONE #

- PERSONAL COPY (UNCERTIFIED)
 PICK UP BY STUDENT OR OTHER AUTHORIZED PERSON
 MAILED TO: _____

CERTIFIED COPY
 *****To be mailed to a University or Agency, not to an individual*****

Mail to: _____

 Signature of Student or Authorized Person Date

For Office Use Only:

Processed by: _____ Date: _____