



PANOLA SCHOOLS DISTRICT
REQUEST FOR OFFICIAL TRANSCRIPT

Please Print All Information:

Name Student Used in School _____

Social Security # _____ / _____ / _____ Date of Birth _____ / _____ / _____
Month Day Year

Year of Graduation _____ or Last Year of Attendance _____

Transcript Requested By:

Name _____

Address _____

City _____ State _____ Zip _____ Ph # _____

Number of Copies Requested _____

Please Initial in Appropriate Box:

- I will take transcript with me
- Please mail

College / University Name & Mailing Address _____

Signature of Requestor _____

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) 693-6355
Fax. (903) 694-2208

Thresa White – thresa@panolaschools.net

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