

Panola Schools District

REQUEST FOR OFFICIAL TRANSCRIPT

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

Name Student Used in School _____

Last 4 of SS# _____ Date of Birth ____/____/____
Month Day Year

Year of Graduation _____ or Last Year of Attendance _____

How do you wish to receive your transcript?

☐ I will pick up ____ copies of my transcript

☐ Please email a copy to: **(will be sent Encrypted)**

_____ & _____

☐ Please mail ____ copies to my address: _____
Mailing Address

City State Zip Code

☐ Please mail an official copy of my transcript to the address below:

Name of college or school receiving transcript

Address of college or school receiving transcript

City State Zip Code

Student/Parent Signature _____

(Parent signature required if student is not 18 yrs.)

Type Name Here → _____

Today's Date: _____ Phone # _____

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. ***