



# Big Spring Independent School District

PRINT AND COMPLETE  
EMAIL REQUEST TO:  
[records@bsisd.esc18.net](mailto:records@bsisd.esc18.net)

## Big Spring ISD Transcript Request Form

Please complete the form below to request a transcript. There is no charge for transcripts.

Transcripts are generally sent within 24 - 48 hours of receipt of request excluding weekends and holidays. **All fields are required.** Please read the agreements and initial each statement in the box.

- ☐ 1) I understand that only the student may complete this online version of the transcript request.
- ☐ 2) I understand that transcripts requested online will be mailed **ONLY** to an institution of higher education or potential employer. *If your transcript needs to be sent elsewhere, see the instructions below.*

**Because of the Family Educational Rights and Privacy Act (FERPA) regulations, BSISD is not allowed to mail transcripts anywhere but to an institution of higher learning or potential employer.** If you need a transcript sent directly to a business, insurance company, or licensing agency, etc., you must submit a written and signed request by postal mail or email address. The written request must have your name at the time of graduation, social security number or BSISD student ID number, telephone number, where the transcript is to be sent (with the complete address), your signature and the date of the request. **Please note: Any incomplete form or missing information will result in the transcript not being processed.**

BSISD makes every effort to protect a student's privacy. BSISD retains the right to deny this method of request for any reason it deems appropriate. The request may be denied and a written and signed request may be required before a transcript will be sent. The information given on this request will be checked against the student's records for accuracy. Students who have holds of any type will not be allowed to receive a transcript until the hold(s) have been removed by the appropriate office on campus.

Student Full Name at Graduation:	
Year of Graduation:	
Student Date of Birth (MM/DD/YYYY):	
Student SSN:	
Telephone Number:	
Student's Current Mailing Address:	
Street Address:	
City:	
State & Zip:	

**TRANSCRIPT MAILING ADDRESS AND INFORMATION:**

Is this Transcript for:	<input type="checkbox"/> Work/Employer Name:	<input type="checkbox"/> College/University Name:
Mailing Address of College/University/Employer:		
City:		
State:		
Zip:		

***\*\* If this request is being submitted by Email, please scan your VALID STATE ISSUED ID with clear and identifiable photo below:***

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Legal Signature

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Date

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FOR OFFICE USE ONLY:

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