



# Southwest Independent School District

Southwest Independent School District

11914 Dragon Lane,  
San Antonio, TX 78252

## TRANSCRIPT ORDER FORM (Previous Students and Graduates)

In accordance with the Texas Open Records Act and the Family Educational Rights and Privacy Act of 1974, as amended, student academic records are classified as confidential, and may be released only with the written authorization of the student and/or the legal guardian.

To order your transcript: Fill out, sign, and date the printed form. Mail or Fax the completed form with a COPY of your driver's license or other valid signed picture identification.

Southwest Independent School District  
Attention: Peggy Estrada - Transcript Request  
11914 Dragon Lane, Bldg 302, San Antonio, TX 78252  
Fax: (210) 622-4331  
Email: [pestrada@swisd.net](mailto:pestrada@swisd.net)

Requests will be processed within 3 to 5 work days after receipt of request.

### NAME UNDER WHICH YOU WERE ENROLLED

First \_\_\_\_\_

Middle \_\_\_\_\_

Last \_\_\_\_\_

CURRENT NAME (if different)  
\_\_\_\_\_

### IMPORTANT DATES

Date of Birth \_\_\_\_\_

Year of Graduation \_\_\_\_\_

If Not a Graduate, Years of Attendance \_\_\_\_\_

Last four digits of Social Security Number \*\*\*- \*\* \_\_\_\_\_

PURPOSE OF TRANSCRIPT \_\_\_ Employment \_\_\_ Military \_\_\_ Scholarship \_\_\_ College/University \_\_\_ Other \_\_\_

SCHOOL ATTENDED \_\_\_ Southwest High School \_\_\_ Southwest Academy

### YOUR CURRENT INFORMATION

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

### CHECK

\_\_\_ Please hold them until I bring my picture ID to pick them up at Building 302.

\_\_\_ Please send \_\_\_ (#) copies of my transcript to the address listed above.

\_\_\_ Please send \_\_\_ (#) copies of my transcript to the following third party:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I certify that I am the person whose name appears on the name lines of this form and do hereby authorize release of my academic records to the addresses listed above.

Signature \_\_\_\_\_ Today's Date \_\_\_\_\_

[Office Use Only Date Received \_\_\_\_\_ Date Processed \_\_\_\_\_ Date Mailed/Picked up \_\_\_\_\_ Initial \_\_\_\_\_]