

Gregory-Portland High School
Request for Official Transcript

Number of transcripts _____

Last Name at graduation

First Name

Date of Birth

Year of Graduation

Name and Address: College, University, Scholarship, Personal, or Agency requesting records

1. _____
2. _____
3. _____
4. _____
5. _____

Signature

Date

Contact Phone # if Questions arise

Please mail request and fee to:

Gregory-Portland High School, Attn: Stephanie Powers, 4601 Wildcat Drive, Portland, TX 78374.

- Transcripts will not be mailed out until fee of \$3.00 is received.
- Photo ID required upon release. If requesting by mail, include copy of photo ID
- Allow 2-3 business days for processing.