



TRANSCRIPT REQUEST

CLOVIS HIGH SCHOOL
OFFICE OF THE REGISTRAR
PO BOX 19,000
CLOVIS, NM 88101

FAX: 575-769-4366 PHONE: 575-769-4350 EXT. 1013

PLEASE NOTE: All fines must be cleared before transcripts will be released.

- _____ Official transcript (mailed to college, employer, or other agency)
_____ Official transcript (sealed envelope to individual)
_____ Unofficial transcripts (copy issued directly to individual)

NAME ENROLLED UNDER:

LAST NAME _____ FIRST NAME: _____ M.I. _____

SOCIAL SEC. # _____ DATE OF BIRTH: _____

MAILING ADDRESS _____ DAY PHONE: _____

CITY, STATE, ZIP CODE _____

LAST YEAR ATTENDED CLOVIS HIGH SCHOOL: _____ CHOICES _____

SEND TO:

Name: _____

Mailing address: _____

City, State, Zip Code: _____

Signature _____

Date _____

***Please mail to above address: Attention Registrar or Fax to 575-769-4366.**

***Please allow two to three working days to process; however, during peak periods such as Graduation, final grades, and the beginning of each semester there may be some delays. Please plan accordingly.**

***Request must include signature of individual requesting transcript.**

***Please include a copy of your picture ID with the request.**