Gunter ISD
P.O. Box 109, Gunter, TX 75058
Transcript Request
$2.00 Fee Per Copy

*USE THIS FORM ONLY IF YOU ARE A **FORMER** STUDENT*

Full Name _____
First MI Last/Maiden

Address while attending Gunter School _____

_____

Social Security Number _____ Date of Birth _____

Did you graduate from Gunter High School? _____yes _____no

If yes, what year did you graduate? _____

In no, what year(s) did you attend Gunter School? _____ to _____

Current address: _____

_____

Home Phone _____ Work Phone _____ Cell Phone _____

_____ I will pick up my transcript

_____ Please mail my transcript to my home address

_____ Please mail my transcript to _____

_____ _____
Requestor's Signature Date

Fee received _____ Request completed by _____ Date Completed _____