QCHS

Queen City High School
No.1 Bulldog Boulevard
P.O. Box 128

Queen City, TX 75572
Phone: 903-796-8259
Fax: 903-796-8258

Transcript Request Form

Name: _____
(Last) (First) (Middle) (Maiden)

Social Security Number: _____ Date of Birth: _____

Address: _____Phone: _____

City: _____ State: _____ Zip Code: _____

Graduate of QCHS? Yes _____ No _____ Year of Graduation:_____

Do you want transcript ____ mailed ____ faxed ____ emailed_____picked up in person?

Send transcript to (name and address, email or fax number):

_____

_____

_____

If Picked up, name of person it will be picked up by:_____

Signature: _____ Date: _____

*****transcript request will not be fulfilled unless it is signed by the person listed above*****

Return this request to: **Vickie Burden, Registrar**
Queen City High School
P.O. Box 128
Queen City, TX 75572

or email it to vburden@qcisd.net

or fax it to (903)796-2707

Counselor office use only

Date received:_____ Date Fulfilled: _____

By: _____

Steve Holmes
Principal

Janice McMellon
Assistant Principal

Kendra Bates
Counselor