



New Waverly High School

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Kris Drane
Principal

Kaye Lynch
Counselor

Malinda DeBey
Secretary

TRANSCRIPT REQUEST

Full Name (at time of attendance)

Date of Birth

Phone

email address

Graduation Date

REQUEST TO MAIL

Name

Attention to:

Address

City

State

Zip

Name

Attention to:

Address

City

State

Zip

AUTHORIZATION

I give New Waverly High School permission to release my transcripts to _____.

Signature

Date