

Mora Independent School District
P.O. Box 180
Mora, NM 87732-0180

Request for Transcripts

Information provided as used during school attendance.

First Name: _____

Last Name: _____

Year of Graduation: _____

Date of Birth: _____

Last four of Social Security Number: _____

Or

State Id Number: _____

Pick up or mailed: _____

If mailed – Address: _____

Signature _____

Date: _____

Please allow 48 hours for processing. Any person over the age of 18 must sign this form in order for transcripts to be processed.