

**STUDENT TRANSCRIPT REQUEST**

Picture identification is required when picking up a transcript. If the student is 18 years or older, school records will not be released without the student's written consent as mandated by the Family Educational Rights and Privacy Act (FERPA).

Complete the following and enclose \$5.00 for a certified transcript, \$2.00 for each additional transcript or a copy.

**Requestor Name:** \_\_\_\_\_ **Date of Request:** \_\_\_\_\_

**Please check/indicate number of copies:** Certified: \_\_\_\_\_ Copy Only: \_\_\_\_\_

Student Name (while attending school): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN (last 4 digits only): \_\_\_\_\_

School of Graduation: \_\_\_\_\_ Graduation Year: \_\_\_\_\_

**If not a Graduate:**

Last date of attendance: \_\_\_\_\_

Last school of attendance: \_\_\_\_\_

Release Records to: \_\_\_\_\_  
ADDRESS TO BE MAILED TO OR NAME OF PERSON AUTHORIZED TO PICK UP RECORDS. THEIR PHOTO ID WILL BE REQUIRED.

Contact Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_  
DO NOT FORGET TO ATTACH A COPY OF YOUR GOVERNMENT ISSUED PHOTO ID\_

**\*\*\*FOR OFFICE USE ONLY\*\*\*FOR OFFICE USE ONLY\*\*\*FOR OFFICE USE ONLY**

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ID Provided: TX DL    Student ID    Other: \_\_\_\_\_  
Location:    TEAMS    LASERFICHE    RMD    CAMPUS: \_\_\_\_\_

Amount Paid: \_\_\_\_\_    Cash [ ] Check# \_\_\_\_\_    Money Order [ ] Fee Waived Int: \_\_\_\_\_  
Date Completed: \_\_\_\_\_    Completed By Int: \_\_\_\_\_    Department/Campus: \_\_\_\_\_