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Transcript Request Form

Name _____ Date _____
Last First

Date of Birth _____ Student ID: _____

Fill In One: Grade _____ Withdrawn (YR) _____ Graduated (YR) _____
(Current student) (Former Student) (Former Student)

Check One:

_____ Unofficial Copy is for personal use only.

_____ Official copy includes: Class Rank, Registrar's Signature and Seal.

ALL SAT/ACT/AP TEST SCORES WILL NOT BE SENT WITH TRANSCRIPTS. STUDENTS MUST REQUEST SCORES TO BE SENT DIRECTLY TO COLLEGE/UNIVERSITY THRU COLLEGEBOARD AND ACT WEBSITES.

- | | | |
|--|---|---|
| <input type="checkbox"/> Baylor | <input type="checkbox"/> SFA | <input type="checkbox"/> UH-Downtown |
| <input type="checkbox"/> Blinn College - Brenham | <input type="checkbox"/> St. Thomas | <input type="checkbox"/> UH-Main |
| <input type="checkbox"/> Blinn College - Bryan | <input type="checkbox"/> TX State | <input type="checkbox"/> UH-Clearlake |
| <input type="checkbox"/> HBU | <input type="checkbox"/> TAMU-College Station | <input type="checkbox"/> UH-Victoria |
| <input type="checkbox"/> HCC-Bissonnet | <input type="checkbox"/> TAMU-Commerce | <input type="checkbox"/> UT-Austin |
| <input type="checkbox"/> HCC-Stafford | <input type="checkbox"/> TAMU-Galveston | <input type="checkbox"/> UT-Arlington |
| <input type="checkbox"/> NCAA | <input type="checkbox"/> TAMU-Kingsville | <input type="checkbox"/> UT-Brownsville |
| <input type="checkbox"/> NAIA | <input type="checkbox"/> TAMU-Texarkana | <input type="checkbox"/> UT-Dallas |
| <input type="checkbox"/> PV A&M | <input type="checkbox"/> TSU | <input type="checkbox"/> UT-EI Paso |
| <input type="checkbox"/> Rice | <input type="checkbox"/> TX Tech | <input type="checkbox"/> UT-Pan American |
| <input type="checkbox"/> SHSU | | <input type="checkbox"/> UT-Permian Basin |
| | | <input type="checkbox"/> UT-San Antonio |
| | | <input type="checkbox"/> UT-Tyler |
| | | <input type="checkbox"/> WCJC-Sugar Land |
| | | <input type="checkbox"/> WCJC-Wharton |
| | | <input type="checkbox"/> WCJC-Richmond |
- Other -Complete on Backside

Transcripts will be processed within 48 business hours. Please allow ample time for processing. Please **DO NOT** duplicate requests. If a duplicate request is received within six weeks of the initial request, it will not be processed.

For Office Use Only:
Received by Registrar _____
Date Sent out: _____

You must provide name and address of institution

Send To _____

Send To _____

Send To _____

Send To _____

Send To _____

