Request for Transcripts via Mail/Fax

If you fax or mail us a request for transcripts, please include the following information:

Your Name: __________________________________________________________________
Your Student Identification number (if known): ______________________________________
The number of transcripts you are requesting: _______________________________________
To whom the transcripts are to be released: _________________________________________
____________________________________________________________________________
The address(s) to which you want the transcripts sent:
(1)__________________________________________________________________________
(2)__________________________________________________________________________
(3)__________________________________________________________________________
A phone number where we can reach you: __________________________________________
Your signature which authorizes the release of your student transcript: _________________

Payment/Cost Information

*Your method of payment, i.e. credit card number and type of card and expiration date, if by mail, you may enclose a check.

**The cost is $7 per transcript.

***You may want to check with our office to see if you have any holds which prevent the release of your transcript. To check on your hold status call (432) 552-2635.