

# Transcript Request Form

**Office of the Registrar**  
2100 Memorial Blvd.  
Kerrville, TX 78028

- FEE: \$10.00 PER COPY, effective August 1, 2015
- PRINT CLEARLY
- \*Indicates required field

**THIS FORM MUST BE RETURNED TO THE REGISTRAR'S OFFICE TO BE PROCESSED  
PLEASE ALLOW 48 HOURS TO PROCESS!**

\*Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Name when enrolled (if different): \_\_\_\_\_

\*Social Security #: \_\_\_\_\_ \*Date of Birth: \_\_\_\_\_ Student ID #: \_\_\_\_\_  
*if known*

\*Student Signature: \_\_\_\_\_  
*(Transcript cannot be released without signature)*

NUMBER OF TRANSCRIPTS: \_\_\_\_\_

**CHECK APPROPRIATE BOXES:**

**Program you attended:**

- Graduate
- Undergraduate
- Vocational Nursing

**Last year attended** \_\_\_\_\_

**Reason For Release:**

- Possible Employment
- Transfer of Credit
- Graduate School
- Summer admission
- Other (please specify) \_\_\_\_\_

**Release Time:**

- Release transcript now
- Hold and release Transcript at End of Term

*Additional addresses may be listed on back*

**Send Transcript to (complete address as it should appear on envelope):**

Name: \_\_\_\_\_

Attn.: \_\_\_\_\_

Number & Street: \_\_\_\_\_

City, State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

**\*Your Current Contact Information:**

Phone: \_\_\_\_\_

Address: (include number, street, city and zip code)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Special Instructions, if any:

\*\*\*\*\*

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

Initialed by \_\_\_\_\_ Date Initialed \_\_\_\_\_ Number of Transcripts paid for \_\_\_\_\_

Cash amount \$ \_\_\_\_\_ Check amount \$ \_\_\_\_\_ Amount charged \$ \_\_\_\_\_

Receipt Number: \_\_\_\_\_ CLEARED \_\_\_\_\_ NOT CLEARED \_\_\_\_\_

