

PLEASE ALLOW 48 HOURS TO PROCESS!

Schreiner University

Office of the Registrar

2100 Memorial Blvd.

Kerrville, TX 78028

(830) 792-7356

**** THIS FORM MUST BE RETURNED TO REGISTRAR'S OFFICE TO BE PROCESSED ****

REQUEST FOR RELEASE OF SCHREINER UNIVERSITY ACADEMIC TRANSCRIPT RECORD

FEE: \$5.00 PER COPY

Student Name: _____ ID # _____
Please **PRINT CLEARLY**, your current name for mailing

Student Signature: _____ Date: _____
(Transcript cannot be released without signature)

Social Security Number: _____ Date of Birth: _____

Street Address: _____ Apt.# _____ Phone _____
(Legal Permanent Address) (In case we have questions)

City, State, Zip Code: _____

Current student?: Yes / No (If no, year last attended): _____ Name while attending: _____
PLEASE PRINT CLEARLY

YOUR ACADEMIC STATUS WHEN YOU WERE HERE: (Check one) Graduate Program Undergraduate Program Vocational Nursing Program

RELEASE TIME: (Check one)
 Release Transcript now
 Release Transcript at end of this term

REASON FOR RELEASE: (Check one)
 Possible Employment
 Transfer of Credit
 Other (Please Specify) _____

MAILING INSTRUCTIONS: (Check one)
 Mail to address below only Mail to self at address above **only** Mail to self at address above **and** to address below (**\$5.00 each**)

School/Company _____
Officer/Office _____
Street Address _____
City, State, Zip Code _____

FEE IS \$5.00 PER TRANSCRIPT

*****FOR BUSINESS OFFICE USE ONLY*****

Initialed by _____ Date Initialed _____ Number of Transcripts _____

Cash amount \$ _____ Check amount \$ _____ Amount charged \$ _____

Receipt Number: _____ **CLEARED** _____ **NOT CLEARED** _____

COMPLETED BY / DATE