



TRANSCRIPT REQUEST

Blank box for name and address

Please Check All That Are Appropriate:
Mail Will Pick Up
Hold Until Degree is Posted
Hold Until Current Session Grades are Posted

Please give your full name and mailing address. Print legibly, this label will be used for mailing. Fax this form to (972) 279-9773.

Social Security No. - -

Date

Daytime Phone No.

Last Name

Give Date of Last Attendance

First Name

SIGNATURE (Required)

Middle/Maiden Name

*USE A SEPARATE FORM FOR EACH ADDRESSEE
PLEASE SEND COPIES OF MY TRANSCRIPT TO THE ADDRESS BELOW: (MAILING LABEL—PRINT CLEARLY)

Blank lines for mailing address

TRANSCRIPT CANNOT BE SENT FOR THE FOLLOWING REASON:
Student owes a BALANCE ON ACCOUNT.
No transcript fee enclosed (\$5.00 each).
No signature.
No record of attendance under name or social security number provided.
Date Returned
FOR OFFICE USE ONLY
DEBT NO DEBT
FEE PAID
DATE MAILED

PLEASE NOTE:
Transcripts will not be released unless the student is in good standing with the University and has satisfied all admission, financial, and other obligations. No transcript will be released if a student has a delinquent account or has defaulted on a promissory note. A \$5.00 fee must accompany each request. Incomplete forms will be returned.

Credit Card Payment Authorization

I hereby authorize my credit card to be charged with the amount indicated below. I understand if my card is declined, I will be notified and assessed a fee of \$25.00.

Amount Authorized for Charge: \$

Credit Card #: MasterCard and Visa Only Exp. Date: / / Month Year

Cardholder's Printed Name:

Cardholder's Signature X:

Cardholder's Billing Address:

Cardholder's City/State: Zip: