

On the Dallas Campus:
Office of the Registrar (Room 503)
3302 Gaston Ave
Dallas, TX 75246



All other Campuses:
Office of the Registrar
8447 Highway 47
Bryan, TX 77807

Office of the Registrar Services Request Form

Student Information

Last Name:
First/M.I.:

UIN #:

Current Address:

Contact #:

Email:

(Only if you do not have an HSC e-mail account)

☐ **Please Mail:**

Name and complete Address of Person/Place where information should be sent:

(Attach additional pages or address labels if necessary)

Signature:

Date:

With few exceptions, state law gives you the right to request, receive, review and correct information about yourself collected on this form.

FOR OFFICE USE ONLY

Date Sent: _____ ☐ HSC E-Mail ☐ Mailed ☐ Faxed

Date of Pick-up: _____ Initials: _____

Request Information

- ☐ Enrollment Verification
☐ Degree Verification Letter
☐ Dean's Letter
☐ Other: _____

Graduation Date:

Semester(s)/Year(s) required for verification:

☐ **Hold for pick-up on Day/Time:**

☐ **Fax Information to:** () _____ - _____
Attn: _____