

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 Transcript Request Form

### Student Information

Last Name:

First/M.I.:

UIN #:

Current Address:

Contact #:

E-Mail:

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

### Request Information

☐ Official Transcript, \_\_\_\_ copies  
**(\$7.00 per copy)**

☐ Faxed Transcript **(\$10.00 flat fee)**  
*(Original transcript will be mailed to address given below.)*

☐ Hold for pick-up on Day/Time

Specify for Transcripts (if applicable):

☐ Hold for Grades

☐ Hold for Degree

☐ Fax transcript to: ( ) \_\_\_\_ - \_\_\_\_

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

**Make checks payable to TAMHSC**

### **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

FEE(s) per transcript:

\$7.00 for Official Total #: \_\_\_\_\_

\$10.00 for Faxed Transcript Total #: \_\_\_\_\_

**Total amount received: \$ \_\_\_\_\_ ( ) CHECK# \_\_\_\_\_ ( ) CASH ( ) MONEY ORDER**

Date Sent: \_\_\_\_\_ Initials: \_\_\_\_\_

Date of Pick-up: \_\_\_\_\_ Initials: \_\_\_\_\_

Revised 05/13/2008  
08/31/2010  
08/23/2011