



ALVIN COMMUNITY COLLEGE

OFFICIAL TRANSCRIPT REQUEST

3110 MUSTANG ROAD
ALVIN, TX 77511
281-756-3502
(fax) 281-756-3834

1. Student records are confidential and are released only on the written request of the student.
2. "Official" transcripts are issued only to another college, university or organization. All transcripts provided directly to the student will be marked "Issued to Student" and may not be accepted as official by other institutions.
3. Transcript requests will be serviced as long as all obligations to the College have been met. No transcript will be issued until the Registrar's Office is notified that the obligation (HOLD) has been cleared.
4. Alvin Community College mails transcripts to the address provided by the requestor. The requestor is responsible for providing the correct address.
5. Signature on this form releases Alvin Community College from any obligation for confidentiality of the copy(ies) of this record provided under this request.
6. Transcripts are mailed at **no charge** for first class mail. Overnight service must be arranged and paid for by the requestor through commercial sources.

Complete all information requested to insure prompt processing. **Complete a separate form for each institution or person receiving transcript(s).**

Social Security Number: _____ - _____ - _____ Date of Birth: ____/____/____

Last years attended, if not attended within last 5yrs _____

Name: _____
Last First Middle

Name under which you last attended ACC, if different _____

Current Address: Street, Box, _____
City _____ State _____ Zip Code _____

Current Phone # in case we need to contact you about your request: (_____) _____ - _____

Use separate form for each transcript requested

Service Now

- I will pick up transcript(s) in person.
- Mail transcript(s) now.

Service Later

- Send transcript when Semester grades are recorded.
- Send transcript after semester grades & graduation are recorded.
I will graduate at the end of Semester _____ Year _____

Signature of person to whom the records apply.

REQUESTOR MUST PROVIDE EXACT ADDRESS FOR MAILING:

For Office Use Only:
Processed by: _____

Date: ____/____/____

Distribution: White-Registrar's Office

Rev. 05/18/04