

Transcript Request
Office of Admissions and Records
Blinn College
Brenham, Texas 77833

Mail transcript to:

Correct and legible address is the student's responsibility

FOR OFFICE USE ONLY

Date Requested: _____

Holds: _____

I hereby give my consent to release my academic transcript to the party indicated above.

Student's signature _____ Date _____

Number of Copies: _____ Birth Date: ___ / ___ / ___ SSN: _____ - _____ - _____

Currently Enrolled: Y / N Last Semester Attended Blinn: _____

Students Full Name: _____
Last First Middle Maiden/Other

Student's Blinn College ID: _____

Student's Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ - _____ Business Phone: (____) _____ - _____

Check Appropriate Boxes:

- Send Transcript Immediately
- Send transcript after the current semester grades are posted for:
(Specify Term)
- Send transcript after the degree is posted
- Send transcript after change of grade for: (Specify course and section)

This Transcript is for:

- Transfer to another college
- Blinn Advisor
- Scholarship
- Other _____