

Last Name *(Please Print)*

First Name

M. I.

Other Last Names

Everyone Must Complete Address/Phone # Section:

Current Address: _____

Phone #: _____

Email address: _____

Official Transcripts are \$5.00 each ---- please allow at least one week to process

(Transcripts will NOT be released until all Holds are cleared!)

Student ID# or SSN

Date of Birth: Mo/Day/Yr

Today's Date

I request *(how many?)* _____ OFFICIAL Transcripts to be mailed to:

1) _____

I request *(how many?)* _____ OFFICIAL Transcripts to be mailed to:

2) _____

Payment: Check or money order (mail or walk-in orders only)

- Credit Card: MC
- AM Express
- Visa

Card #: _____ - _____ - _____ - _____

Expiration date: _____

Name on card: _____

Are you currently enrolled at Texas State? Yes No

If no, when were you last enrolled? _____

If **currently enrolled**, please check one of the following: Process Immediately Hold for **CURRENT** Semester grades Hold for Degree

Have you ever taken **correspondence courses** through Texas State University? No Yes If Yes, when? _____

X _____ *(I verify, by my signature, that I am the above person.)*

(Your signature is required.)



Office of the Registrar, Transcripts
San Marcos, TX 78666-4606
(512) 245-2367 Fax: (512) 245-8126

For Office use ONLY

Non-Current

Cash CC MO# _____ Check# _____

Receipt # _____ Amt. _____ Int.: _____