



# TRANSCRIPT REQUEST

University of Houston  
Registration and Academic Records  
102 E Cullen Building  
Houston, Texas 77204-2027  
(713) 743-1010

Please complete the following information, sign the form and return to the address above. Any fee for your request will be billed to your university account. Effective August 21, 2006, there is a \$10.00 fee per copy of transcript. You can view your charges on the [Statement of Account](#) screen by logging on to the [Enrollment Services Online](#) 24 hours after your request has been processed. Please check the Student Financial Services web page for additional information.

**Please complete one form for each addressee.**

**1. Student Name:**

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Student ID Number \_\_\_\_\_

**2. Number of copies requested:** \_\_\_\_\_

**3. Type of Transcript:**

\_\_\_\_\_ Official copy for release directly to student.

\_\_\_\_\_ Official copy to be mailed directly to other individual, institution, company, etc.

**4. Complete only if you wish your request to be held until any of the following have been made on your record:**

\_\_\_\_\_ Hold for degree. Indicate semester and year of graduation application.

\_\_\_\_\_  
(Your transcript will be sent after final approval of your application by your college.)

\_\_\_\_\_ Hold for grades. (Your transcript will be sent when all of the courses in which you are now enrolled have been graded.)

\_\_\_\_\_ Hold for grade change. (Your transcript will be sent when Registration and Academic Records receives a change of grade for the course in the semester you indicate below.)

Course ID \_\_\_\_\_ Section \_\_\_\_\_

Semester/Year \_\_\_\_\_

**5. Distribution:**

\_\_\_\_\_ Student will pick up in 108 Ezekiel W. Cullen. Most transcripts are available on request. (However, some may not be available until 2:00 p.m. the next working day.)

\_\_\_\_\_ Mail to student's mailing address listed above.

\_\_\_\_\_ Mail to addressee listed below. (Complete address below.)

Addressee \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Country if other than USA \_\_\_\_\_

**6. Student's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

"State law requires that you be informed of the following: (1) with few exceptions, you are entitled on request to be informed about the information the University collects about you by use of this form; (2) under sections 552.021 and 552.023 of the Government Code, you are entitled to receive and review the information; and (3) under section 559.004 of the Government Code, you are entitled to have the University correct information about you that is incorrect."