

Transcript Request

The University of Texas of the Permian Basin
4901 E. University * Odessa* TX* 79762

Date: _____

Number of Copies _____

Processed by: _____

1. Name _____ 2. Student ID _____ 3. Current Telephone Number _____

4. Current Address _____ 5. I need this transcript: () immediately () after current semester grades are recorded () after degree is on record
Street Apt City State Zip

6. Is the transcript to be:

A () Picked Up In Person - Name of the person authorized to pick up your transcript (**This person will be required to show their photo identification before your transcript will be released.**)

Transcripts picked up in person will be labeled "Issued to Student.") AUTHORIZED PERSON'S NAME: _____

B () Mailed - Mail my transcript to: _____

School/ Company Dept./ Individual Street City Zip

C () Faxed - Fax my transcript to: (additional charge of \$7/page for student records to be faxed)

Person receiving fax Company/School Fax Phone

Please Fax request to: (432)-552-2707

Payment information: (432) 552-2706

Questions about transcripts: (432) 552-2635

By my signature below, I hereby authorize the University of Texas of the Permian Basin to release my academic record to the person(s) noted above. **Please note that Transcripts are \$7 each.**
If FAX is chosen, please note additional charge of \$7/page. Please attach a check or money order payable to the University of Texas of the Permian Basin. See below for credit card charge information.

7. Student Signature _____

Charge Card Authorization

Type: () VISA () MasterCard () Discover Number _____ Name on Card _____ Expir Date _____

Authorized Signature _____