Official Transcript Request

Name: _____ **Former Name/s**: _____
(if applicable)

Social Security #: _____-_____-_____ **Date of Birth**: _____-_____-_____

Daytime Phone: (_____)_____ **Dates of Attendance:** _____
(Example: **1974-1994)**

****Please be aware that within each semester transcripts are frozen and will be delayed due to University Policies and Procedures that must be followed to ensure the accuracy of all academic records.**

Transcript/s should be processed:

____ **Now** ____ Hold for **degree posting** ____ Hold for **current semester grades**

_____**Mail Transcripts** ***or*** _____**Hold for PICK-UP**

Check one: Indicate _____**Undergraduate** **Indicate # of copies:**_____
_____**Graduate**

Address to mail to: Name: _____
Street 1: _____
Street 2: _____
City/State/Zip: _____

Address to mail to: Name: _____
Street 1: _____
Street 2: _____
City/State/Zip: _____

For additional requests, please use additional forms.

*__Student Signature__: _____ Date:_____
***A signature is REQUIRED or the form will be returned to the sender.**

Address: _____ E-mail address: _____
_____
_____

Return To:
Office of the Registrar
Texas A&M University – Commerce, P.O Box 3011, Commerce, Texas 75429-3011
Fax: (903) 886-5888

Privacy Policy
With few exceptions, you have the right to request, receive, review and correct information about yourself collected by this form.