

TRANSCRIPT REQUEST FORM

STUDENT ID#: _____ DATE: _____

NAME: _____

CURRENT ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____ EMAIL: _____

I AM REQUESTING:

OFFICIAL TRANSCRIPT(S) @ \$5.00 PER COPY QUANTITY _____

PLEASE SEND _____ TRANSCRIPT(S) TO THE FOLLOWING ADDRESS:

PLEASE SEND _____ TRANSCRIPT(S) TO THE FOLLOWING ADDRESS:

I certify that I am the person whose name appears on this form and do hereby authorize release of my academic records to the address or addresses listed above.

SIGNATURE: _____ DATE: _____

PAYMENT INSTRUCTIONS:

Call the Main Campus at: (713) 623.2040

Ask for the Accounting Department

Inform them that you attended the North campus

Payment confirmation will be sent to the email you provide