



Request for Official Transcript

***** Please allow 3-5 business days for processing*****

Date of Birth	Last year of attendance	K ID# or SS#	Phone #
(Print) Last Name	First	MI	Maiden
Name while attending if different from above		Other names used	
Student's Signature		Date	

____ To be picked up by someone other than student. Name: _____

NOTE: Any person picking up transcript must have picture ID.

<p>*Limit 3 copies (1 request per day) NOTE: Transcripts will be sent electronically to colleges or universities that are members of the SPEEDE network and capable of receiving electronic transcripts.</p> <p><input type="checkbox"/> *Mail Option: _____ → Undergraduate _____ copies Graduate _____ copies Doctoral _____ copies</p> <p><input type="checkbox"/> *Pick Up Option: Undergraduate _____ copies Graduate _____ copies Doctoral _____ copies</p> <p><input type="checkbox"/> Hold for current semester grades</p> <p><input type="checkbox"/> Hold for degree notation</p>	<p>Please provide complete mailing address(es) including name or office, address, city, state & zip code:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Written request can be emailed (attachment) to registrar@tamuk.edu or faxed to (361) 593-2195

<p>(For office use only.)</p> <p>Date Marked: _____ <input type="checkbox"/> EDI By: _____</p> <p>Date Mailed: _____ By: _____</p> <p>Date EDI Sent: _____ By: _____</p> <p>Date Picked Up: _____ By: _____</p>	<p>Update your permanent mailing address:</p> <p>_____</p> <p>_____</p> <p>_____</p>
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------