



## Transcript Request

OFFICE OF THE REGISTRAR  
RECORDS AND REGISTRATION  
2918 Ranch Road 620 N  
Austin, TX 78734

First name:	Last name:	Maiden:
Current Street Address:		
City, State, Zip:		
Telephone:	Email:	
Other names used while attending school		
<b>Transcript Request must be faxed to 512-727-0627</b>		
<b>Transcript delivery options</b> , official transcripts will be sent by mail only. Allow 2 weeks for processing.		
<input type="checkbox"/> Issue to the third party as listed below:		
Name:		
Title/Attn:		
Street Address:		
City, State, Zip:		
<b>Payment Information</b> <i>This request must be accompanied with payment of \$15 fee per transcript ordered.</i> Official transcripts are not issued until all holds are cleared.		
Card type: <input type="checkbox"/> Discover <input type="checkbox"/> MC <input type="checkbox"/> Visa <input type="checkbox"/> AmEx		
Card number:	CVV number:	
Cardholder:	Expiration Date:	
Billing Address:		
Zip:		
<b>I authorize</b> the charge of \$15 per ordered transcript as the named cardholder.		
Signature:	Date:	
<b>I certify</b> that I am the person whose name appears on this form and hereby authorize the release of my academic records to the address listed above.		
Signature:	Date:	
Payment received by:	Date:	
Request fulfilled by:	Date:	