



# TRANSCRIPT REQUEST FORM

## Office of Admissions and Records

3201 W. Pecan Blvd. • P.O. Box 9701 • McAllen, Texas 78502-9701  
(956) 872-8323 • Fax (956) 872-8321

Please print clearly.

Name: \_\_\_\_\_  
*Last First Middle*

Previous Name(s): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN/SID: \_\_\_\_\_

Mail transcript to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of Transcripts Requested: \_\_\_\_\_

- To be picked up
- Mail transcript(s)
- Hold for current semester grades
- Hold for degree notation

### Acknowledgment of Student:

In connection with signing and submitting this Transcript Request Form, I hereby acknowledge that:

- (1) requests are usually processed within 24 hours; however, there may be a delay in processing requests at certain times due to peak registration periods, holidays or equipment malfunction,
- (2) if there is a hold(s) on my records, the Office of Admissions and Records is unable to complete my request and will notify me by telephone; once I have cleared the hold(s), I must submit another request,
- (3) transcripts from other schools cannot be provided by South Texas College, and
- (4) this form may be used as a mailing insert, so I must provide a current mailing address and print clearly.

### STATEMENT OF EQUAL OPPORTUNITY

No person shall be excluded from participation in, denied the benefits of, or be subject to discrimination under any program or activity sponsored or conducted by South Texas College on the basis of race, color, national origin, religion, sex, age, veteran status, or disability. *Produced by the Office of Public Relations & Marketing, 7/05.ndc. Individuals with disabilities requiring assistance or access to receive these services should contact disABILITY Support Services at 872-2173.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date