

Texas Woman's University

TRANSCRIPT REQUEST FORM

A transcript may be requested only by the student to whom it belongs. Official transcripts will be released only when all previous debts to the university have been paid and blocking offices have notified us of your clearance.

No transcript order can be accepted by phone or e-mail. A fee of \$10.00 per copy must be paid by check, money order, or credit card and a written request containing the following information must be submitted before a transcript can be released.

(Please print in **BLOCK LETTERS**)

Dates of Attendance: _____

Your Full Legal Name: _____

Any Previous Names Used at TWU: _____

ID Number: _____ Date of Birth: ____ / ____ / ____

Your Mailing Address: _____ Daytime Phone: () _____ - _____

Email: _____

Processing Instructions (circle one):

1. Hold until recent grades are posted for: Fall Spring Summer. **3. PROCESS NOW**
2. Hold until recent degree is posted for: December May August

Additional Instructions (circle one):

1. Pick up in person at Denton Office. 2. Pick up in person at Dallas Office. (extra 3 days delivery)
3. Mail to this complete name/street/city-state-zip address: _____

Number of Copies: _____

Payment Amount Enclosed: \$_____ .00

Please Mail Request and Payment to: Transcript Department; Office of the Registrar; P.O. Box 425409; Denton, TX 76204-5409
Or fax this request and your credit card information to: 940-898-3444

I authorize Texas Woman's University to mail an official transcript of my academic record to the address listed above. By my signature below I attest that I am the person to whom these records belong.

Signed: _____ Date: _____

(CREDIT CARD INFORMATION FOR CHARGES ONLY. THIS INFORMATION WILL BE DESTROYED AS SOON AS THE CHARGE HAS BEEN CLEARED BY YOUR PROVIDER.)

Cards accepted: MasterCard, VISA, Discover, and American Express

CARD HOLDER

NAME: _____

STREET ADDRESS: _____

ZIP CODE: _____

DAYTIME PHONE: _____

EMAIL ADDRESS: _____

CREDIT CARD

NUMBER: _____

EXPIRATION DATE: _____

CARD VERIFICATION VALUE: _____
(LAST THREE DIGITS ON BACK OF CARD) [ON FRONT OF AMEX]

AMOUNT IN U.S. DOLLARS: \$_____ .00

☐ CHECK HERE IF YOU REQUIRE A RECEIPT FOR THIS TRANSACTION.

Revised 02/25/10