



Transcript Request

Transcripts will not be issued until all holds are cleared.

Social Security Number: _____ OR Student ID Number: _____

Name: _____
Last name First name Middle Initial Other names used at TC

Date of Birth: _____ Phone Number: _____ Last Semester at TC: _____

Current Address: _____
Street address City State Zip

Pick up, number of copies _____

If not student, list name of authorized pick-up person

Mail to self at above address, number of copies _____

Mail to school(s) or person(s) listed below:

Name of School or person Department, if school

Name of School or person Department, if school

Street address

Street address

City State Zip

City State Zip

Hold for term grades (check here if you would like to send your transcript after the current term ends)

Signature

Date

All requests must be in writing by the student with the student's personal signature. Requests by persons other than the student cannot be processed without the student's written permission (the student's personal signature).

*You may request up to five (5) Official transcripts per academic year. After the fifth (5th) request the cost will be \$5.00 per official transcript.

* All financial and other obligations to the College must be cleared before transcripts can be released.

This form may be mailed to:

**Temple College
Office of Admissions and Records
2600 South First Street
Temple, TX 76504
OR
Fax: 254-298-8288**