

Texas A&M University-Texarkana Transcript Request

DATE: _____ CWID/SSN#: _____

NAME: _____
 Last First Mi Maiden

ADDRESS: _____
 Street City State Zip

PHONE #: (____) _____

Name while attending A&M-Texarkana if different from above: _____

NUMBER OF COPIES REQUESTED: _____

MAIL TRANSCRIPT (check one below):

_____ Now _____ After grades are posted _____ After degree is posted

or

_____ I will pickup _____ Call when ready. Daytime Phone #: (____) _____

MAIL TRANSCRIPT(S) TO:

There is no charge for official transcripts. Call (903) 223-3069 if you have any questions. You may mail this form to Texas A&M University-Texarkana, Registrar's Office, P.O. Box 5518, Texarkana, Texas 75505 or fax to (903) 223-3140.

Student Signature: _____

(Note: signature required for processing)

State law requires that you be informed of the following: 1) you are entitled to request to be informed about the information about yourself collected by use of this form (with a few exceptions as provided by law); 2) you are entitled to receive and review that information; and 3) you are entitled to have the information corrected at no charge to you.