



Official Transcript Request Form
*** Please allow 3 business days for processing***
(Complete in Blue or Black Ink)

Personal Information:

Form with fields for Date of Birth, Last year of attendance, K ID# or SS#, Phone #, (Print) Last Name, First, MI, Maiden, Name while attending if different from above, Other names used, Student's Signature (Required), Date

To be picked up by someone other than student. Name: _____

NOTE: Any person picking up transcript must have picture ID.

Delivery Methods:

Delivery Methods section with checkboxes for Mail Option and Pick Up Option, and a section for mailing address with the instruction: Please provide complete mailing address(es) including name or office, university/college name, address, city, state & zip code:

Written request can be emailed (PDF attachment) to registrar@tamuk.edu or faxed to (361) 593-2195

For office use only:

For office use only section with fields for Date Marked, Date Mailed, Date EDI Marked, Date EDI Sent, Date Picked Up, By, and Update your permanent mailing address: