ALVIN COMMUNITY COLLEGE

OFFICIAL TRANSCRIPT REQUEST

Enrollment Services Center
3110 Mustang Road
Alvin, TX 77511
281-756-3531

1. **Processing fee is $5 per transcript request.**
2. Submit request to the Enrollment Services Center (A-100) or mail to the address above with money order payment. Check payment is not acceptable. If paying by credit card, log in to WebACCess to complete online request form.
3. Student records are confidential and are released only on the written request of the student.
4. Official transcripts are issued only to another college, university or organization. All transcripts provided directly to the student will be marked "Issued to Student" and may not be accepted as official by other institutions.
5. Transcript requests will be serviced as long as all obligations to the College have been met. No transcript will be issued until the Enrollment Services Center is notified by the student that the obligation (HOLD) has been cleared.
6. Alvin Community College mails transcripts to the address provided by the requestor. The requestor is responsible for providing the correct address. Overnight service must be arranged and paid for by the requestor through commercial sources.
7. Signature on this form releases Alvin Community College from any obligation for confidentiality of the transcript record provided under this request.

Complete a separate form for each institution or person to receive a transcript

Social Security Number:_____-_____-_____ Date of Birth: _____/_____/_____

Last years attended, if not attended within last 5yrs_____

Name:_____
Last First Middle

Name under which you last attended ACC, if different_____

Current Address: Street, Box,_____

City_____State_____Zip Code _____

Current Phone # in case we need to contact you about your request: (_____)_____-_____

Current Email Address _____

_____ _____
Student Signature Date

REQUESTOR MUST PROVIDE EXACT ADDRESS FOR MAILING
Name/Institution:
Department:
Address:
City/State/Zip

BUSINESS OFFICE USE ONLY
Amount Paid:
Receipt No:
Cashier:
Date:

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