

## Enrollment Services, Unit of Student Records 711 Wiley Ave., Marshall, TX 75670

## Transcript Request Form There is a \$10.00 fee per transcript.

Name					
	Last		First		Middle
Mailing Address	Street	Cit		Charles	7:
D	Street	Cir		State	Zip
Date of Birth Month	Date	Year	SS#		<u>I</u> D#
Telephone:			E-mail:		
Reason for transcript	request: □ Tra □ Seli		□ Employment □ Graduate School	□ Other	
Indicate date of graduat	ion:				
					s in which you are currently enrolled.) ceives a change of grade and corrections have
former students on current. The Unit order to obtain th	nly when req of Student ne necessary	uested in writ Records shou approvals be	ing. All financ ld be notified at efore the transc	ial obligatio least three cript copy is	is will be supplied to all students and ins must be paid in full and loan notes days before the transcript is needed in made. During peak times, such as process may be delayed.
FORM OF PAYMEN	the payment l				the Business Office at (903) 927-3207. Once oval code. The completed form may be
☐ Cashiers Check/Mor	ney Order	#			
□ Payment made in th	e Business Offi	ce (attach receipt)	)		
☐ Payment made by p	hone A <sub>l</sub>	oproval Code			
CHECK ONE S	TUDENT WILL	PICK UP TRANS	SCRIPT - PLE	ASE MAIL TR	ANSCRIPT TO ADDRESS BELOW:
Name: Person/Organiza	ation				
Address					
Stree	et	City		State	Zip
Signature			Data		