TRANSCRIPT REQUEST FOR COLLEGE ADMISSION OR NCAA

Postmark Deadline Date

Phone: 254-336-0800/Fax: 254-336-0829

Request Date:		as shown on your ap (leave blank if not sp	
Student ID:		Year of Graduation:	
Student Name:	Last	First	Middle
Use this form for all before you graduate		ollege, university, NCAA	or military recruiter applications
Handling Instruction	ns (please check below all	that apply):	
Hold for addi	tional documentation/pac	ket from:	
Send electron			
SendEDU	J (you <u>must</u> provide your	student PIN):	
TREx (T	exas Records Exchange)		
Mail transcrip	<u>t</u> to address as shown l	pelow:	
Name of Colle	ege/University		
Attention (if a	pplicable-may be person's	s name or department-o	heck instructions)
Street Addres	s or PO Box		
City	State		Zip Code
tudent Signature Parent/Guardian Signature*			an Signature*
		ot write below this line.	

	be entered by registrar office p		School Mail
Processed by:		Date mailed:	
Pate Processed: _		Date TREx:	Post office (postage supplied by student)
Paid: _		Cloud Notes:	