



TRANSCRIPT REQUEST FORM

Office of Admissions and Records

3201 W. Pecan Blvd. • P. O. Box 9701 • McAllen, Texas 78502-9701
(956) 872-8323 • Fax (956) 872-8321

Name: _____
Last First Middle

Previous name(s): _____

Date of Birth: _____ A# _____

Mail transcript to: (complete mailing address clearly printed is required for processing)

Number of Transcripts Requested: _____

- Mail transcript(s)
- Hold for current semester grades
- Hold for degree notation

Acknowledgment of Student:

In connection with signing and submitting this Transcript Request Form, I hereby acknowledge that:

- (1) I am providing a copy of my current photo identification card, along with this form as required,
- (2) requests are usually processed within 24 hours; however, there may be a delay in processing requests at certain times due to peak registration periods, holidays or equipment malfunction,
- (3) If there is a hold(s) on my records, the Office of Admissions and Records will not process my request and will notify me by telephone; once I have cleared the hold(s), I must submit another request,
- (4) transcripts from other schools cannot be provided by South Texas College, and
- (5) this form may be used as a mailing insert, so I must provide a complete mailing address clearly printed.

STATEMENT OF EQUAL OPPORTUNITY

No person shall be excluded from participation in, denied the benefits of, or be subject to discrimination under any program or activity sponsored or conducted by South Texas College on the basis of race, color, national origin, religion, sex, age, veteran status, or disability. Individuals with disabilities requiring assistance or access to receive these services should contact disABILITY Support Services at 872-2173.

Signature Date