



Transcript Request Form

**This request is for official transcripts unless otherwise indicated.
There is no fee to order a transcript.**

All obligations to the university must be cleared before transcripts will be released.
Limit of 10 transcripts per semester.

Office of the Registrar
Box T-0620
Stephenville, TX 76402

254-968-9121 Office
254-968-9389 Fax

transcripts@tarleton.edu

Registrar Use Only

Student ID: _____

Holds: _____

Sys: _____

Processed by: _____ Date: _____

Personal Information

Last Name: _____ First Name: _____ MI: _____ Other Last Names: _____

Student ID or Last Four Digits (**ONLY**) of SSN: _____ Date of Birth: _____ First Year to Attend: _____ Last Year to Attend: _____

Address: _____ City/State/Zip: _____

Email: _____ Phone: _____

Transcript Requests (Check all that apply)

Check All Degrees Attempted and/or Received: Undergraduate Graduate Doctorate

Transmit Electronically (Via Data Interchange to select TX Universities, NOT email)

Pick Up Transcript Qty: _____ (Stephenville Campus Only)

Include Test Scores (Cannot be sent electronically)

Unofficial* (Can be emailed or faxed)

Hold for Grade Change Course: _____

Hold for Degree Posting - Check One:

Spring Summer Fall

Hold for Grade Posting - Check One:

Spring Summer Fall

*If requesting an unofficial transcript be emailed or faxed, provide the email address or fax number: _____

Recipient Mailing Information

Name: _____ Name: _____

Street: _____ Street: _____

Street: _____ Street: _____

City/State/Zip: _____ Qty: _____ City/State/Zip: _____ Qty: _____

Transcripts are mailed via first class mail at no charge. If you wish to expedite shipping, please place your order via the online option (www.tarleton.edu/registrar/transcripts).

Signature (required to process) : _____ **Date:** _____