

TRANSCRIPT REQUEST

Please Check All That Are
Appropriate:

☐ Mail ☐ Will Pick Up

☐ Hold Until Degree is Posted

☐ Hold Until Current Session
Grades are Posted

Please give your full name and mailing address. Print legibly,
this label will be used for mailing. **Fax this form to (972) 279-9773 or email to BusOffice@Amberton.edu.**

Social Security No. _____ - _____ - _____

Date _____

Daytime Phone No. _____

Last Name _____

Give Date of Last Attendance _____

First Name _____

STUDENT SIGNATURE (Required) _____

Middle/Maiden Name _____

*USE A SEPARATE FORM FOR EACH ADDRESSEE

**PLEASE SEND _____ COPIES OF MY TRANSCRIPT TO
THE ADDRESS BELOW: (MAILING LABEL—PRINT CLEARLY)**

PLEASE NOTE:
Transcripts will not be released unless the student is in good standing
with the University and has satisfied all admission, financial, and other
obligations. No transcript will be released if a student has a delinquent
account or has defaulted on a promissory note. **A \$5.00 fee per copy
must accompany each request. Incomplete forms will be returned.**

TRANSCRIPT CANNOT BE SENT FOR THE
FOLLOWING REASON:

☐ Student owes a BALANCE ON ACCOUNT.
☐ No transcript fee enclosed (\$5.00 each).
☐ No signature.
☐ No record of attendance under name or
social security number provided.

Date Returned _____

FOR OFFICE USE ONLY

DEBT _____ NO DEBT _____

FEE PAID _____

DATE MAILED _____

***** Credit Card Payment Authorization *****

I hereby authorize my credit card to be charged with the amount indicated below.

Cardholder's Printed Name: _____

Cardholder's Signature X: _____

Cardholder's Billing Address: _____

Cardholder's City/State: _____ Zip: _____

Amount Authorized for Charge: \$ _____

Credit Card #: _____ - _____ - _____ Exp. Date: _____ / _____

AMEX, Discover Card, MasterCard and Visa Only

Month

Year

I understand if my card is declined, I will be notified and assessed a fee of \$25.00.