

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.