

Official Transcript Request Form



STUDENT INFORMATION:

Student ID # or SSN _____	Date of request _____
Currently Enrolled <input type="checkbox"/> Yes <input type="checkbox"/> No	TWU Law graduate <input type="checkbox"/> Yes <input type="checkbox"/> No
Last Name _____	First Name _____ M.I. _____
Former Name (if any) _____	Phone Number _____
Current Street Address _____	
City _____	State _____ Zip _____
E-Mail Address _____	

PLEASE CHECK FOR PROCESSING:

- Official Transcript (\$3.00 each) # of copies _____
- Unofficial Transcript (no charge) # of copies _____
- Mail transcript immediately
- Hold for pickup
- Paying by phone

BILLING INFORMATION:

You may pay over the phone with the Business Office at (817)212-4081 or fill in the following information:

Mastercard / Visa / Discover / American Express
Card# _____
Expiration Date _____ Billing Zip Code _____

Addresses for Mailed Transcripts:

<p>Please send (enter number) _____ transcript(s) to the following address:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/>Official <input type="checkbox"/>Unofficial</p>	<p>Please send (enter number) _____ transcript(s) to the following address:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/>Official <input type="checkbox"/>Unofficial</p>
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***STUDENT SIGNATURE: (required)** _____ **DATE:** _____

In accordance with the Family Educational Rights and Privacy Act (FERPA) of 1974, your signature is required to authorize the release of your transcripts.

****Transcripts will not be released without the student's signature or if the student has an outstanding financial obligation to the university. This university does not release transcripts or copies of transcripts from other institutions.***

For Office Use Only:

Payment received: \$ _____ Received by (staff initials): _____ Date: _____ Payment Type: Cash Check CC

Transcript processed by (staff initials): _____ Mailed on: _____