

Records Request Form

This form can be filled out with Adobe Acrobat and printed for signatures. Upon completion, this form should be returned to Texas A&M University, Office of the Registrar, Records Section, P.O. Box 30018, College Station, TX 77842-3018; faxed to 979-845-1086, or scanned and emailed to records@tamu.edu. Any questions may be directed to 979-845-1003 or records@tamu.edu.

For information about requesting an Official Texas A&M Transcript, go to <http://registrar.tamu.edu/Former/Transcript.aspx> or contact transcript@tamu.edu

This request should be used by individuals to request their own academic records.

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|---|--|---|--------------------------|
| | | | |
| Print Full LEGAL Name as it Appears on Your Records | UIN <small>(leave BLANK if not known)</small> | Date of Birth <small>(if UIN is not known)</small> | First Term of Attendance |
| | | | |
| Phone Number (Current) | | Email (Current) | |

Requested Records

| | | | | | | | | | | | | | |
|---|--|-------------------------------------|--|----------------------------------|---|------------------------------------|---|--|--|---|--|--|---|
| <input type="checkbox"/> Verification of Degree or Enrollment letter – The following information can be included in the verification letter. Check all that apply <i>(Also available at https://howdy.tamu.edu for Current Students)</i> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> Degree(s) awarded</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Class Rank</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Dates of Attendance</td> <td style="border: none;"><input type="checkbox"/> Address</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Cumulative GPA</td> <td style="border: none;"><input type="checkbox"/> Telephone</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Expected Graduation Date</td> <td style="border: none;"><input type="checkbox"/> Date of Birth</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Cumulative Hours earned</td> <td style="border: none;"><input type="checkbox"/> TSI test results</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Degree program type (i.e. traditional or distance education degree program)</td> <td></td> </tr> </table> <input type="checkbox"/> Copy of Immunization Records <input type="checkbox"/> Non-attendance letter <input type="checkbox"/> Affidavit of Intent to Establish Permanent Residency <input type="checkbox"/> Residency Status Verification | <input type="checkbox"/> Degree(s) awarded | <input type="checkbox"/> Class Rank | <input type="checkbox"/> Dates of Attendance | <input type="checkbox"/> Address | <input type="checkbox"/> Cumulative GPA | <input type="checkbox"/> Telephone | <input type="checkbox"/> Expected Graduation Date | <input type="checkbox"/> Date of Birth | <input type="checkbox"/> Cumulative Hours earned | <input type="checkbox"/> TSI test results | <input type="checkbox"/> Degree program type (i.e. traditional or distance education degree program) | | <input type="checkbox"/> Copy of High School Transcript – Provide name of High School <i>HS Name:</i> _____ <input type="checkbox"/> Copy of Test Scores – List test score type requested <i>Test type:</i> _____ <input type="checkbox"/> Copy of Previous Institution(s) Transcripts <small>List specific institutions or indicate 'ALL.'</small> <i>Institution Name(s):</i> _____ <input type="checkbox"/> Former Student Questionnaire information <input type="checkbox"/> Other – Please specify _____ |
| <input type="checkbox"/> Degree(s) awarded | <input type="checkbox"/> Class Rank | | | | | | | | | | | | |
| <input type="checkbox"/> Dates of Attendance | <input type="checkbox"/> Address | | | | | | | | | | | | |
| <input type="checkbox"/> Cumulative GPA | <input type="checkbox"/> Telephone | | | | | | | | | | | | |
| <input type="checkbox"/> Expected Graduation Date | <input type="checkbox"/> Date of Birth | | | | | | | | | | | | |
| <input type="checkbox"/> Cumulative Hours earned | <input type="checkbox"/> TSI test results | | | | | | | | | | | | |
| <input type="checkbox"/> Degree program type (i.e. traditional or distance education degree program) | | | | | | | | | | | | | |

Request should be sent by:

Email: _____

Fax: _____

Mail: _____

Address: _____

City, State, Zip: _____

Signature

Date

FOR OFFICE USE ONLY

Date received: _____

Processed by: _____

Date Processed: _____