



**HUSTON-TILLOTSON UNIVERSITY
OFFICE OF THE REGISTRAR**

TRANSCRIPT REQUEST FORM

For Business Office Use Only

<input type="checkbox"/>
<input type="checkbox"/>

Release

Do Not Release

Staff Initial: _____

Date: _____

Number of Copies: _____

Current Student () HT Graduate () Ex-Student () Last Semester Enrolled _____

Name: _____
(Last, First, Middle)

Student ID or SSN#: _____

Current Address:

Phone Number: () _____

Mail transcript(s) to:

I hereby authorize Huston-Tillotson to release my transcript of my academic record.

Signature: _____ Date: _____
(Required)

**Credit Card required if faxed
Fax Number: 512.505.3185**

Card Number: _____

Expiration Date: _____

Billing Address:

A five (\$5) dollar fee required for each transcript.

Please allow three (3) days for transcript(s) to be processed.

All financial obligations to the university must be completed before transcript(s) are issued.