



HUSTON-TILLOTSON UNIVERSITY  
OFFICE OF THE REGISTRAR

TRANSCRIPT REQUEST FORM

For Business Office Use Only

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: ( ) \_\_\_\_\_

Email

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:

Card ID (CID)

Expiration Date:

Billing Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Online Payment Confirmation Number

Amount: \_\_\_\_\_

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.