



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

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.**