
REQUEST FOR AN OFFICIAL TRANSCRIPT

Instructions: This form can be used to request an Official Transcript from previously attended colleges and universities. You are required to meet all the transcript release requirements of your previous institutions. If there are any transcript fees, they must be paid by the student. This form **must** be signed and dated.

Date: _____

Name of Institution: _____

Dates attended: _____

Social Security Number/Student ID#: _____

Last Name: _____ First Name: _____

Other names you may have attended under: _____

Email: _____

Current Address: _____

Contact phone number: _____

Transcript to be sent to:

**Amberton University
Attn: Registrar Office
1700 Eastgate Drive
Garland, TX 75041**

By completing and signing this form, I authorize the release of my academic records to Amberton University in the form of an Official Transcript. I understand all holds and requirements of my previous institution must be satisfied for the transcript to be released. Any associated transcript fee is included with this written request.

Student Signature