



**TEXAS A&M**  
**UNIVERSITY**  
**KINGSVILLE**

INTERNATIONAL ADMISSION  
MSC 167, 700 UNIVERSITY BLVD  
KINGSVILLE, TEXAS 78363-8202  
PHONE 361/593-4994 · FAX 361/593-5505  
www.tamuk.edu

## REQUEST FOR OFFICIAL TRANSCRIPT

<b>YES      or      NO</b>			
Date of Birth	Was your <i>last</i> semester before Spring 1994?	SS# or Student ID Number	
Print Last Name	First	MI	Maiden
STUDENT'S SIGNATURE		Date	
<b>IF ORDERED BY SOMEONE OTHER THAN THE STUDENT, WHAT IS YOUR RELATIONSHIP TO THE STUDENT?</b>			
Relationship	Signature	Date	
(If requested by someone <u>other than student</u> , transcript can only be mailed <u>directly</u> to another college or university). Transcript may be picked up with the proper release and signature of the s			

<input type="checkbox"/> Please mail: → Undergraduate ___ Graduate ___ Doctoral ___  <input type="checkbox"/> Teacher Certification <input type="checkbox"/> Will pick up: Undergraduate Graduate Doctoral Teacher Certification  <input type="checkbox"/> Hold for current semester grades <input type="checkbox"/> Hold for degree notation	Mail To Address(s) Below: <hr style="border-top: 1px dashed black;"/>
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\*\*FOR OFFICE USE ONLY \*\*FOR OFFICE USE ONLY \*\*FOR OFFICE USE ONLY \*\*FOR OFFICE USE ONLY

DATE MARKED: _____  DATE MAILED: _____  DATE PICKED UP: _____	REMARKS:   Hold(s): UNVB UPD ADM FA CH LIB HC C1
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