

UNIVERSITY OF CENTRAL TEXAS
TRANSCRIPT REQUEST

All obligations to the University must be cleared before transcripts may be released.

Please complete all spaces below, Print a copy of the request, sign it and either Mail or Fax it to the contact information below:

If Faxing: Killeen Campus 254-519-5486

If Mailing: Texas A&M University Central Texas

Attn: Records
1901 S Clear Creek Rd
Killeen TX 76549
Phone: 254-519-5736

Last Name _____ First Name _____ MI _____

Social Security Number (must provide entire number) _____

Contact Phone Number (_____) _____ - _____ Email _____

Check all that apply: Check one: Number of copies _____

_____ Student Copy _____ Mail Transcript

_____ Officially Sealed Copy _____ Pick Up Transcript

Mail Transcript to:

_____ Degrees Received at UCT:

_____ Undergraduate

_____ Graduate

Note: The student is responsible for supplying the correct address. If the transcript(s) are to be sent to more than one address, please use additional forms.

Signature

Date