**ENROLLMENT & ACADEMIC SERVICES**
**OFFICE OF THE REGISTRAR**

TEXAS A&M UNIVERSITY

# Records Request Form

*This form can be filled out with Adobe Acrobat and printed for signatures. Upon completion, this form should be returned to Texas A&M University, Office of the Registrar, Records Section, P.O. Box 30018, College Station, TX 77842-3018; faxed to 979-845-1086, or scanned and emailed to records@tamu.edu.*
*Any questions may be directed to 979-845-1003 or records@tamu.edu.*

*For information about requesting an Official Texas A&M Transcript, go to http://registrar.tamu.edu/Former/Transcript.aspx or contact transcript@tamu.edu*

*This request should be used by individuals to request their own academic records.*

| | | | |
|---|---|---|---|
| Print Full LEGAL Name as it Appears on Your Records | UIN (leave BLANK if not known) | Date of Birth (if UIN is not known) | First Term of Attendance |

| | |
|---|---|
| Phone Number (Current) | Email (Current) |

## Requested Records

☐ Verification of Degree or Enrollment letter – The following information can be included in the verification letter. Check all that apply
*(Also available at https://howdy.tamu.edu for Current Students)*

- ☐ Degree(s) awarded
- ☐ Dates of Attendance
- ☐ Cumulative GPA
- ☐ Expected Graduation Date
- ☐ Cumulative Hours earned
- ☐ Degree program type (i.e. traditional or distance education degree program)
- ☐ Class Rank
- ☐ Address
- ☐ Telephone
- ☐ Date of Birth
- ☐ TSI test results

☐ Copy of Immunization Records

☐ Non-attendance letter

☐ Affidavit of Intent to Establish Permanent Residency

☐ Residency Status Verification

☐ Copy of High School Transcript – Provide name of High School

*HS Name:* _____

☐ Copy of Test Scores – List test score type requested

*Test type:* _____

☐ Copy of Previous Institution(s) Transcripts
List specific institutions or indicate 'ALL.'

*Institution Name(s):* _____

☐ Former Student Questionnaire information

☐ Other – Please specify

_____

## Request should be sent by:

☐ Email: _____

☐ Fax: _____

☐ Mail:

Address: _____

City, State, Zip: _____

_____
Signature Date

FOR OFFICE USE ONLY

Date received: _____

Processed by: _____

Date Processed: _____