

ANGELO STATE UNIVERSITY CO-CURRICULAR TRANSCRIPT REQUEST FORM

Procedure:

1. Print or type **all** requested information.
2. Request form must be legible and completed in its entirety to be processed.
3. One free transcript will be provided per student. Thereafter, they are \$3.00 each. Payment must be made at the time of request. Checks should be made to Angelo State University.
4. If a mailed transcript is requested, it will be mailed by first class mail. For rush service, an additional \$10.00 is required (transcript will be mailed within twenty-four hours after request if rush service is requested.)
5. Transcript requests will be honored as quickly as possible in order of receipt. Transcripts should be requested in advance during busy times such as final exams and graduation.

Date of request: _____ Graduation date: _____

Name: _____
Last First M.I.

Campus ID #: _____

Address: _____

Local Phone: _____

E-mail Address: _____

Check Method of Delivery:

_____ Pick up from the Center for Student Involvement

_____ Please mail the transcript directly to me

Mailing address (if different from the one listed above)

Number of Copies Requested: _____ Total Amount: _____

I hereby give my consent to release my Co-Curricular Transcript to the party indicated on this form.

Student Signature_____
Date

For Office Use Only

Date received: _____

Total Amount received: _____

Date request processed: _____

 cash check