Texas A& M International University
Office of the Registrar
5201 University Boulevard
Laredo, TX 78041-1900
Phone(956)326-2250
Fax(956)326-2249

Transcript Request:
Student Name_____
First Middle Last

Other names you may have attended under _____

Social Security or Student ID _____Date of Birth_____

Home Phone_____Work Phone_____

Current Address_____

City_____State_____Zip_____E-Mail_____

First Attended_____Last Attended_____Degree Earned_____

Number of the copies_____Official($3 each) ____Unofficial(no charge)
Please Check One: ☐ Hold for pick up ☐ Mail(Please print firmly. Give complete address.)
Mail Transcript(s) to: _____
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Payment: A check or money order or credit card may be used to pay. Please attach a copy of your **PICTURE ID.** Note: Release of transcript to anyone other than the student requires Written Authorization.

_____
Signature of the person placing request Date

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For Transcript Office use Only

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Type of Transcript:_____SIS_____PRC. Date
Prepared:_____By:_____