

Transcript Request Form

Texas County Technical College
Bolivar Technical College

PO Box 314
PO Box 592

Houston, MO 65483
Bolivar, MO 65613

Date: _____

Name: _____

Other name(s) which you may have been enrolled: _____

Address: _____
Street/PO Box

_____ City State Zip

Phone Number: (_____) _____ - _____

Program enrolled: _____

Campus: Texas County Technical College Bolivar Technical College

Dates of attendance: _____

Signature: _____

Official Transcript (\$10.00 each) Unofficial Transcript

*Number of transcripts requested: _____ (Qty) Amount enclosed: _____

* Note: A separate request form must be filled out for each email/mailling address

**Electronic transcript emailed to:

Organization: _____

Email: _____

**TCTC/BTC is not responsible for whether or not your recipient retrieves/accepts an electronic transcript. Because this is new technology, we suggest you contact your recipient to verify they will accept your transcript via this delivery method.

Transcript mailed to:

Organization: _____

Address: _____
Street/PO Box

_____ City State Zip

Transcript Policy:

1. Student records are confidential. Your signature is **REQUIRED** to authorize release of your transcript.
2. Transcripts are normally processed with 1-2 business days.
3. Transcripts will not be released if you have a hold on your account due to: (a) past due balance with TCTC/BTC and/or (b) you have not completed exit counseling (if applicable). Once transcript hold issue is resolved, please contact the Registrar's office at (417) 967-5466

Texas County Technical College/Bolivar Technical College is not responsible if an organization does not receive a transcript, mailed or emailed.

Revised 09/11/2019