



Transcript Request

Date: _____

Name: _____

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

Address: _____
Street/PO Box

_____ City State Zip

Phone Number: (_____) _____ - _____

Program enrolled: _____

† Dates of attendance: _____

† *Transcripts prior to 2014 cannot be sent electronically.*

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 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 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 is not responsible if an organization does not receive a transcript, mailed or emailed.