

Transcript Request

Email – registrar@txchiro.edu

Fax – (281) 991-4871

Please print all information clearly

Print Name _____

(name used while attending TCC)

Address _____

City _____ State _____ Zip _____ Phone _____

E-mail address _____

- | | | |
|---|--|-----------------------------|
| <input type="checkbox"/> I am currently enrolled | <u>Check one only</u> | <u>Degree earned</u> |
| <input type="checkbox"/> Last year enrolled was _____ | <input type="checkbox"/> Mail now | <input type="checkbox"/> DC |
| <input type="checkbox"/> Graduation year _____ | <input type="checkbox"/> Hold for grades | <input type="checkbox"/> BS |

Official transcript *\$5.00 charge per copy* **Number of copies requested** _____

Mail to: _____

Unofficial transcript - no charge

Fax to _____ E-mail to _____

Mail to: _____

Signature _____ Date of request _____

***Please indicate the method of payment you will be using for official transcripts:**

- Email or fax your request form.
Payment can be made with credit card by calling the Registrar's office at (281) 998-6014.
- Mail request form to TCC, Attn: Registrar's Office, 5912 Spencer Hwy, Pasadena, TX 77505
Enclose check with request.
- Email or fax request and a copy of your \$5.00 check to (281) 991-4871; then mail your check to TCC, Attn: Registrar's Office, 5912 Spencer Hwy., Pasadena, TX 77505. Prompt arrival of check will insure processing of future requests.