

SOUTH TEXAS COLLEGE OF LAW
OFFICE OF THE REGISTRAR

Transcript Request

Number of copy(s) _____ **Date** _____

Student ID # _____ **Graduation Date (If a graduate)** _____

Name _____

Other names used while attending STCL _____

Check below reason for transcript request:

Transferring: **(Must complete Letter of Good Standing Request Form)**

Transient: **(Must complete Letter of Good Standing Request Form)**

Employment Use Only

Student Use Only

Other _____

Check below whether transcript should be OFFICIAL or UNOFFICIAL:

Unofficial: ***If currently enrolled, UNOFFICIAL transcript(s) can be placed in your student mailbox. Please print Mailbox #_____.**
*If you wish to have the transcript(s) mailed, indicate below.

Official: ***OFFICIAL transcript(s) must be mailed directly to recipient. Please print address to which transcript(s) is to be mailed below. Official transcripts will not be issued unless you have a zero balance.**

Request transcript to be mailed? Yes **No** . If Yes, complete below.

Address to which transcript should be mailed:

Name

Street or P.O. Box #

City State Zip

Signature (By way of my signature, I authorize release of my transcript(s) as indicated above).

For office use only:

Zero Balance: Y / N

Balance (if any):

Date Processed:

Operator Ints:

Please mail or fax completed form to:

South Texas College of Law 1303 San Jacinto Street Houston, TX 77002 Attn: Registrar's Office

Fax: (713) 646-2939