University of St. Thomas
Registrar's Office
3800 Montrose Blvd.
Houston, Texas 77006-4626
(713) 525-2150

UNIVERSITY of ST. THOMAS HOUSTON

TRANSCRIPT REQUEST FORM

The fee for an official transcript is $8.25 per transcript and payment must be received at the time the request is made. Acceptable methods of payment include check or money order (*to be made payable to the University of St. Thomas*). Requests may be submitted in-person or by mail. Transcript requests received by 11:00 AM will be available the next business day for pick-up or mailing, if received after 11:00 AM it will take an additional day, EXCEPT during registration and grade processing. If you are requesting a transcript to be sent to more than three addresses, please attach an additional sheet and indicate the number of transcripts to be sent to each address.

Please send ____ transcript(s) to my mailing address below: *(fill in box with number of transcripts you are requesting)*

Student ID Number	Date(s) of Attendance: ***(Check the appropriate box)*** ____ Prior to 1981 ____ After 1981	
Last Name	First Name	Middle Name
Maiden or Former Name	Social Security Number	Email
Address	City State	Zip Code
Daytime Phone	Home Phone	Date of Birth (MM/DD/YYYY)

Please send ____ transcript(s) to address below: *(fill in box with number of transcripts you are requesting)*

Name:		
Address:		
Address:		
City:	State:	Zip:

Please send ____ transcript(s) to address below: *(fill in box with number of transcripts you are requesting)*

Name:		
Address:		
Address:		
City:	State:	Zip:

Please send ____ transcript(s) to address below: *(fill in box with number of transcripts you are requesting)*

Name:		
Address:		
Address:		
City:	State:	Zip:

Transcript Order Information: *(Check the appropriate boxes)*

- ☐ Mail Transcript(s) Immediately
- ☐ Process after posting current term grades ***(please indicate term)***
  ___*Fall* ___*Spring* ___*Summer* (*Session:* _____)
- ☐ Hold for Student Pick-Up
- ☐ Process after posting degree
- ☐ Same-Day Service ($25.00/transcript)

TOTAL number of transcripts requested: _____ Total amount enclosed: $ _____

Signature: _____ Date: _____

Release of student records requires written signature of student. All financial obligations to UST must also be met in order to process a transcript request.

For Official Use Only:

Acct Clear: BUS Office _____ Date: _____ Number of Transcripts: _____ Amount Paid: $_____
Acct Clear: Counter _____ Date/Time/Initials: _____ ***Pick-Up Date:*** _____ ***Initials:*** _____