TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER
Office *of the* Register

Office of the Registrar
3601 4th Street STOP 8310
Lubbock, Texas 79430
806-743-2300
806-743-3027 Fax

REQUEST FOR TRANSCRIPT AND/OR DEAN'S LETTER

- IF REQUESTING MORE THAN 5 TO BE SENT TO DIFFERENT ADDRESSES, MAILING LABELS MUST BE PROVIDED.
- Complete one form for each mailing address.
- Transcripts will NOT be released without a signature.
- There is no charge for sending a transcript.
- Transcripts are NOT faxed or emailed from the Registrar's Office.

Please allow 5 business days for processing

Student SSN/R#: _____

Date of Birth: _____

Phone: _____

Classification
☐ Student ☐ Alumnus

School
☐ Medicine ☐ Graduate ☐ Health Professions ☐ Nursing ☐ Pharmacy

Semester / Dates of Attendance: _____

Name (Last, First Middle): _____

Previous Name (if different from above): _____

_____ Number of Transcripts Requested

NOTE: IF REQUESTING MORE THAN 5 TO BE SENT TO DIFFERENT ADDRESSES, MAILING LABELS MUST BE PROVIDED.

_____ Number of Dean's Letter Copies Requested *(Applicable ONLY to Medical student/alumnus)*

_____ _____
Signature *NOTE: TRANSCRIPTS WILL NOT BE RELEASED WITHOUT A SIGNATURE.* Date

☐ **PICK UP** from the Registrar's Office located in the 2C400 Across from Synergistic Center

☐ **MAIL** transcript to:

To: _____

Address: _____

City: _____ State: _____ Zip Code: _____

SPECIAL INSTRUCTIONS

☐ ERAS Transcript *(Applicable ONLY to Medical students/alumnus)*

☐ Hold for Grade Change _____ (Semester) _____ (Course ID) _____ (Course Title)

☐ Hold for final grades posted at the end of the semester

☐ Hold for posting of degree

☐ Other _____

_____