



To order, mail this signed form to **UT Office of the Registrar**, Transcript Services, P.O. Box 7216, Austin, TX 78713-7216; fax form to 512 **475-7681**; or email form as an attachment to **transcripts@austin.utexas.edu**.

Print clearly in ink:

full name on record, *last name, first name, middle name* UT EID, *if known*

_____ birthdate
current name, *if different from name on record*

_____ street address

_____ city, state, zip code _____ country, *if outside U.S.*

_____ email address _____ day telephone _____ other telephone

First enrolled? () fall () spr () sum year Last enrolled? () fall () spr () sum year

Extension or correspondence courses only? year taken:

Release of academic records:

I certify that I am the person whose name appears on the name lines of this form, and do hereby authorize release of my academic records to the addresses listed here. In accordance with the Texas Open Records Act and the Family Educational Rights and Privacy Act of 1974, as amended, student academic records are classified as confidential, and may be released only with the student's written authorization and signature.

_____ student's signature, *in ink* _____ date

Written signature must be in ink (*digital signatures not accepted*). **Unsigned or incomplete transcript request forms cannot be processed.**

| Unofficial previous school transcript(s) directly to students

Total number of unofficial previous school transcripts requested to be mailed to student's address above

List name(s) of previous school(s): _____

Unofficial transcripts cannot be sealed. Unofficial transcripts cannot be mailed to a third party, faxed or sent via email.

| Payment for unofficial transcripts; \$10 each

Unofficial previous school transcripts can be released if originals were submitted to The University and are on file. Unofficial previous school transcripts are released only to the student. Make checks or money orders payable to The University of Texas at Austin. If paying with credit card, include complete credit information.

Do not use this form to request official transcripts.

Pay by () check/m.o. () Discover () MasterCard () Visa, for copies at \$10 each: amount due \$

card number exp date /

_____ security code
cardholder's name _____ billing phone number

_____ billing address, *if different from student address shown above* _____ billing zip code

NOTICE CONCERNING YOUR INFORMATION: The Texas Public Information Act, with a few exceptions, gives you the right to be informed about the information that the University of Texas at Austin collects about you. It also gives you the right to request a copy of the information and to have the University correct any of that information that is wrong. You may request to receive and review any of that information, or request corrections to it, by contacting the University's Public Information Officer, Office of Financial Affairs, PO Box 8179, Austin, Texas, 78713 (cfo@www.utexas.edu).

