



*Please email completed form to transcripts@tsc.edu

Official Transcript Request

NAME: _____ DOB: ____ - ____ - ____ TSC ID: _____
(Please print)

PHONE Home:(____) ____ - ____ Cell:(____) ____ - ____ Other:(____) ____ - ____

E-MAIL: _____

OTHER NAMES WHICH MAY APPEAR ON ACADEMIC RECORDS: _____

NOTE: Official records for courses taken between 1925 to 1989, prior to the partnership of UT Brownsville and Texas Southmost College, require additional time to produce. Please allow us 2-3 business days to process this request.

INDICATE DISTRIBUTION

*Please specify Department or Person at college/university. university or Official transcript may be mailed to your home address. Complete one form per address. Student is responsible for providing **CORRECT** and **COMPLETE** address (number, street, city, state, and zip code).*

Number of transcript(s) **Mail to:** _____ (NOTE: Limit of **5** official transcript)

College/University/Name: _____

Department/ Attention to: _____

Street: _____

City/State/Zip Code: _____

TSC ACADEMIC HISTORY

First/Last Enrolled: _____

Degree(s)/Year Received: _____

Hold for posting of current semester grades

Hold for posting of degree notation

STUDENT SIGNATURE: _____ DATE: _____

Transcripts that are not picked up within 4 weeks will be shredded.

OFFICE OF ADMISSIONS & RECORDS USE ONLY

PERC _____

Received by: _____

DATE: _____