

**THE UNIVERSITY OF TEXAS
MEDICAL BRANCH AT GALVESTON
TRANSCRIPT REQUEST**

STUDENT'S NAME AND ADDRESS

INSTRUCTIONS

1. COMPLETE A SEPARATE TRANSCRIPT REQUEST FOR EACH ADDRESS TO WHICH A TRANSCRIPT IS TO BE SENT.
2. COMPLETE THIS FORM AND RETURN TO THE OFFICE OF THE REGISTRAR.
3. TRANSCRIPTS CAN ONLY BE RELEASED WITH THE WRITTEN AUTHORIZATION OF THE STUDENT. IDENTIFICATION WILL BE REQUIRED FOR TRANSCRIPTS PICKED UP IN PERSON.

MAIL TRANSCRIPT TO:

**COMPLETE TO ENSURE PROPER
IDENTIFICATION AND HANDLING**

Social Security Number _____

Date of Birth _____

Phone Number _____

E-mail Address _____

Currently enrolled at UTMB? ____ Yes ____ No

If not currently enrolled, last attended

Semester _____ Year _____

_____ Pick up _____ Mail after posting grades

_____ Mail now _____ Mail after posting degree

Number of copies _____

Student's Signature _____ Date _____

If your name has changed since you were last enrolled please print your former name:

FOR OFFICE USE ONLY

_____ Copies Mailed _____

_____ Student has "HOLD" on release of records

NOTES:

Please print this form and either mail it to:
UTMB
Office of Enrollment Services
Suite 1.212, Ashbel Smith
301 University Boulevard
Galveston, TX 77555-1305

Or Fax it to:
(409) 772-4466