

900 College Street | Box 8425 | Belton, Texas 76513 | (254) 295-4510 | Registrar@umhb.edu

Transcript Request

	ranscript: <u>www.parchmen</u> ial/Unofficial: You may m	t.com ail, fax, email, or hand deliver to the Registrar's Office.
UMHB ID#	Date of Birth	Social Security #:
(optional)		(optional)
	Final	
Last Name when Last Attend	First ing UMHB:	Middle
	Check if this is a r	new address or phone number.
	Complete	the Appropriate Box
**Use a separate form for Number of Copies: Mail Transcript to: (Provide comple		Unofficial E-mail Address: Fax to – Name: Fax to – Number: Mail Transcript to: (Provide complete name & mailing address. Allow 7-10 days for mail delivery)
(Please choose one) Pick Up or Hold for Grades Hold for Degree	Send Now below for additional informatio	(Please choose one) Current Student Enrolled in Classes No longer Attending UMHB Alumni Graduated from UMHB
Signature:	y that I am the person whose name appe	Date:ars on the name line of this form.
Tr	Allow 2 to 3 Overnight Fee is \$14.50 - Fe	idents with outstanding financial obligations to UMHB. business days for processing. e subject to change and payable in advance. ysical address, Not a PO Box Number

The Family Educational Rights and Privacy Act (FERPA) of 1974 prohibits the release of transcripts without the student's written consent.

Office Use: Date Processed/ Initials: Circle: Picked Up Mailed Faxed Emailed Fed-Exed
