## Official Transcript Request Form

**Office of the Registrar**  
2700 Bay Area Blvd, Houston, Texas 77058  
Phone: 281-283-2525  
Email: registrar@uhcl.edu

Transcript requests may be made online using the assigned E-Services account by current and former students with enrollment in E-Services ([www.uhcl.edu/eservices](http://www.uhcl.edu/eservices)). Former students whose last date of enrollment pre-dates E-Services (effective Spring 2000) may bring this form in person to the Welcome Center, SSCB 1.102. Email as an attachment, or may mail this form to our mailing address.

### Limit:

Students may request up to 10 transcripts. There is no cost for transcripts.

### Transcript Holds:

Transcripts cannot be released if the student has a transcript hold.

### Processing Time:

3 to 5 business days. Please allow for longer processing times during grade and degree posting periods. If you attended UHCL prior to 1992 please allow 5 to 7 business days. Processing time **does not include mail delivery time.** Failure to provide all required information as indicated by an * may cause a delay in processing.

### Third Party Release:

In order for a third party to pick up the student’s transcript(s): 1) The student must submit a copy of their student ID card (or photo ID) with this request form, and 2) A third party must also present photo ID to pick up transcripts. I authorize UHCL to release my transcript(s) to: (Print Name) _____________.

### *Last Name  *First  Middle  *Student ID # or Last 4 of SSN & DOB  Other Last Name(s) used while enrolled at UHCL

### *Email Address

### *Last Semester Attended  Number of Transcripts

### Choose one:  Pick Up  Mail  Optional:  Hold for Final Grades  Hold for Posting of Degree

### *Current Address: (Required)

Transcripts will be stamped Issued to Student unless mailed directly to a company or institution.

### Mail to Address: (If different from current address)

*Name of person or business:  
Address 1:  
Address 2:  
Address 3:  
City, State, Zip or Country:

Release of academic records:

I certify that I am the person whose name appears in the Student Information section of this form, and do hereby authorize release of my academic records in the manner specified above. 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.

### SIGNATURE (Required)  All Transcripts will be sealed.  DATE  PHONE NUMBER

State law requires that you be informed of the following: (1) with few exceptions, you are entitled on request to be informed about the information the University collects about you by use of this form; (2) under sections 552.021 and 552.023 of the Government Code, you are entitled to receive and review the information; and (3) under section 559.004 of the Government Code, you are entitled to have the University correct information about you that is incorrect.

Registrar use only:  Initials: ________ Date: ________