University of Houston Clear Lake
Official Transcript Request Form

Office of the Registrar · 2700 Bay Area Blvd, Houston, Texas 77058 · Phone: 281-283-2525 · Fax: 281-226-7230 · 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).

Former students whose last date of enrollment pre-dates E-Services (effective Spring 2000) may bring this form **in person** to the Student Enrollment Center (SEC), Room 1102 Student Services & Classroom Building at **Clear Lake Campus**, or the Office of Enrollment Services at **Pearland Campus** (A128, 1200 Pearland Pkwy, Pearland TX 77581), may fax this form, or may mail this form to our mailing address.

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

Photo ID: **Photo ID required to process and pick up 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. *Last Semester Attended Number of Transcripts

Choose one: Pick Up ☐ Mail ☐

***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 Record

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**

A clear copy of a photo ID (School ID , State Driver License, or State ID, Passport etc.) must be attached to this form when submitted.
Forms without a clear copy of a photo ID will not be processed.

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: _____

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