

**There is NO fee required for our tra	nscripts** No	transcript will be issued un	til all holds are	cleared.
Transcript Request Enrollment	Verification			
Please mark the appropriate box:				
Send Now Number of copies				
Hold Transcript for Final Grades		Ilment Verification to Census day		
			uuy	
This transcript/enrollment verification is bei	ng processed at	the request of the studer	<u>nt:</u>	
Name:(Last)	(First)	(Middle		(Maidan)
	(Fiisi)	·	miniai)	(Maiden)
Student ID#		Other Names Used:		
Social Security Number: (for security reasons do not email form with SSN)		Date of Birth:		r
		Term/year last enrolled: _	year	
Consent to update address/personal information	ation	Fall Spring S	Summer	
Daytime/Cell phone number:	Em	nail Address:		
Address:		(City)	(State)	(Zip)
Student Signature				
I will pick up the transcript/enrollment verification other than the student, this person must p indicating that they are authorized to pick it	provide a writte	n and signed statement		
Address where transcript/enrollment verification	n should be maile	d:		
(Name/Business/School)				
(Street)				
(City)	(State)		(Zip)	
Business fax for enrollment verification only	/:			
Please fax or mail the completed transcript/ Texas State Technical College, 1902 No Phone: (956)364-4000, Fax: (956) 364-	orth Loop 499, Ha	arlingen, TX 78550		
Kindly allow 24 hours for your re	equest to be proc	essed (Delays for holidays a	and weekends)	۱.