



Office of the Registrar

Transcript Services

7457 Harwin Dr. Suite # 149

Houston, TX 77036

Phone: (844) 754-9041

Fax: (281) 778- 6900

Office Use

Fee Paid _____

Date _____

Initials _____

Transcript Request Form

<p>Today's Student Date _____ ID No. _____ Are you currently enrolled? If not indicate last semester attended or registered? <input type="checkbox"/> Yes <input type="checkbox"/> No Qtr. _____ Year _____ Number of transcripts _____</p>	<p>Colleges</p> <table style="width:100%;"> <tr> <td><input type="checkbox"/> College of Chaplaincy</td> <td><input type="checkbox"/> Certificate –Associate Programs</td> </tr> <tr> <td><input type="checkbox"/> College of Theological Studies and Seminary</td> <td><input type="checkbox"/> College Ministries & Ordinations</td> </tr> <tr> <td><input type="checkbox"/> College African Studies studies</td> <td><input type="checkbox"/> College of Hospitality &Tourism</td> </tr> <tr> <td></td> <td><input type="checkbox"/> College of Democracy/Good Governance</td> </tr> <tr> <td></td> <td><input type="checkbox"/> College of Health Social/Natural Sciences</td> </tr> </table> <p>Degree received _____ Date _____</p>	<input type="checkbox"/> College of Chaplaincy	<input type="checkbox"/> Certificate –Associate Programs	<input type="checkbox"/> College of Theological Studies and Seminary	<input type="checkbox"/> College Ministries & Ordinations	<input type="checkbox"/> College African Studies studies	<input type="checkbox"/> College of Hospitality &Tourism		<input type="checkbox"/> College of Democracy/Good Governance		<input type="checkbox"/> College of Health Social/Natural Sciences
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	<input type="checkbox"/> College of Democracy/Good Governance										
	<input type="checkbox"/> College of Health Social/Natural Sciences										
<p>Delivery and Cost – Must choose one in order to be processed.</p> <p><input type="checkbox"/> Pick up at Registrar's Office <input type="checkbox"/> Mail Provide Address <input type="checkbox"/> FedEx-DHL Additional charge will apply \$15 per transcript - domestic \$160 per transcript– Internat'l</p> <p>Processing Time – Must choose one for order to be processed</p> <p><input type="checkbox"/> Regular Within 1-3 business days \$30 per transcript <input type="checkbox"/> Immediate Same day \$75 per transcript</p>	<p>Special Handling</p> <p><input type="checkbox"/> Hold this request for:</p> <table style="width:100%;"> <tr> <td><input type="checkbox"/> Current Term Grades</td> <td><input type="checkbox"/> Degree Posted</td> </tr> <tr> <td><input type="checkbox"/> Incomplete Grades</td> <td><input type="checkbox"/> Missing Grades</td> </tr> </table> <p>Yr. _____ Sem. _____ Yr. _____ Sem.. _____</p>	<input type="checkbox"/> Current Term Grades	<input type="checkbox"/> Degree Posted	<input type="checkbox"/> Incomplete Grades	<input type="checkbox"/> Missing Grades						
<input type="checkbox"/> Current Term Grades	<input type="checkbox"/> Degree Posted										
<input type="checkbox"/> Incomplete Grades	<input type="checkbox"/> Missing Grades										

Contact Information: _____

Last Name First M.I. Enrolled Name (If Different)

Street Address

City State Postal code Country

() _____

Telephone E-mail

Send Transcript To: Name _____

Street Address

City State Postal code Country

() _____

Telephone E-mail

Credit Card Information – all fields are required

Name of Card Holder: _____

Mailing Address: _____

Street Address City State Postal Code



Credit Card Number: _____ Exp Date: _____ V-Code* : _____

*MasterCard, Visa and Discover Cards have a 3 digit code, called the "CVC2" (card validation code), "CVV2" (card verification value), or the "CID2" (card identification) number. It is not embossed like the card number, and is the final group of numbers printed on the back signature panel of the card.

Amount \$ _____ Cardholder Signature: _____ Date: _____

SIGNATURE: _____ DATE: _____

Form will NOT be processed without signature