TEXAS A&M UNIVERSITY-SAN ANTONIO
Registrar

**OFFICE OF THE REGISTRAR**

SENATOR FRANK L. MADLA BUILDING, ROOM 303
ONE UNIVERSITY WAY, SAN ANTONIO, TEXAS 78224
PHONE: (210) 784-1300 FAX (210) 784-1494

# Records Request Form

*This form can be filled out with Adobe Acrobat and printed for signatures. Upon completion, this form should be returned to Texas A&M University-San Antonio, Office of the Registrar, faxed to 210-784-1494, or scanned and emailed to registrar@tamusa.edu.*
*Any questions may be directed to 210-784-1369 or registrar@tamusa.edu.*
**Please allow 45 business days to receive the requested items.**

*For information about requesting an Official Texas A&M University-San Antonio Transcript, go to https://www.tamusa.edu/registrar/services/transcripts.html*

**This request should be used by individuals to request their own academic records, and not to request official transcripts.**

| | | | |
|---|---|---|---|
| Print Full LEGAL Name as it Appears on Your Records | Student ID# (leave BLANK if not known) | Date of Birth | First Term of Attendance |

| | |
|---|---|
| Phone Number (Current) | Email (Current) |

## Requested Records

☐ Verification of Degree or Enrollment letter – The following information can be included in the verification letter. Check all that apply
*(Also available at https://jagwire.tamusa.edu for Current Students)*

☐ Degree(s) awarded         ☐ Class Rank
☐ Dates of Attendance       ☐ Address
☐ Cumulative GPA            ☐ Telephone
☐ Expected Graduation Date  ☐ Date of Birth
☐ Cumulative Hours earned   ☐ TSI test results
☐ Degree program type (i.e. traditional or distance education degree program)

☐ Non-attendance letter
☐ Affidavit of Intent to Establish Permanent Residency
☐ Residency Status Verification

☐ Copy of High School Transcript – Provide name of High School
*HS Name:* _____

☐ Copy of Test Scores – List test score type requested
*Test type:* _____

☐ Copy of Previous Institution(s) Transcripts
List specific institutions or indicate 'ALL.'
*Institution*
*Name(s):* _____

☐ Former Student Questionnaire information

☐ Other – Please specify _____

## Request should be sent by:

☐ Email: _____

☐ Fax: _____

☐ Mail:
Address: _____

City, State, Zip: _____

_____          _____
Signature                               Date

**FOR OFFICE USE ONLY**

Date received: _____

Processed by: _____

Date Processed: _____