

Request for Official Copy of Transcript

West Texas A&M University
(FERPA authorization for release of Information)

I give permission for West Texas A&M University to release my Official Transcript to the following:

Name: _____

Must choose one method of delivery

Mailed

Mailing address: _____

City State, Zip: _____

Pick Up at Old Main room 103. (Must bring photo ID for verification.)

Number of Transcripts (Maximum of 3) _____
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Student Information (Please print information below)

Buff ID: _____

Name: _____

Date of Birth: _____

Phone number: _____

Last four of social security number: _____

Dates of Attendance: _____

Name(s) while attending: _____

I understand this Official Transcript Request Form is for temporary use during the time the Parchment ordering system is down for updates and that this form must be submitted within the timeframe of July 30th 2021 to August 6th 2021.

Signature of Student: _____ Date: _____