

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, Office of the Registrar, Records Administration & Archives, P.O. Box 30018, College Station, TX 77842-3018; faxed to 979-845-1086, or scanned and emailed to records@tamu.edu. Any questions may be directed to 979-845-1003 or records@tamu.edu.

For information about requesting an Official Texas A&M Transcript, visit <https://aggie.tamu.edu/registration-and-records/transcripts-and-diplomas/order-transcripts> or contact transcript@tamu.edu.

This request should be used by individuals to request their own academic records.

Print Full LEGAL Name as it Appears on Your Records	UIN <small>(leave BLANK if not known)</small>	Date of Birth	First Term of Attendance
Phone Number (Current)	Email (Current)		

Requested Records

<input type="checkbox"/> Verification of Degree or Enrollment letter – The following information can be included in the verification letter. Check all that apply. <i>(Also available at https://howdy.tamu.edu for Current Students)</i> <table border="0" style="width: 100%; margin-top: 5px;"> <tr> <td style="width: 50%;"><input type="checkbox"/> Degree(s) awarded</td> <td style="width: 50%;"><input type="checkbox"/> Class Rank</td> </tr> <tr> <td><input type="checkbox"/> Dates of Attendance</td> <td><input type="checkbox"/> Address</td> </tr> <tr> <td><input type="checkbox"/> Cumulative GPA</td> <td><input type="checkbox"/> Telephone</td> </tr> <tr> <td><input type="checkbox"/> Expected Graduation Date</td> <td><input type="checkbox"/> Date of Birth</td> </tr> <tr> <td><input type="checkbox"/> Cumulative Hours earned</td> <td><input type="checkbox"/> TSI test results</td> </tr> <tr> <td><input type="checkbox"/> Degree program type (i.e. traditional or distance education degree program)</td> <td></td> </tr> </table>	<input type="checkbox"/> Degree(s) awarded	<input type="checkbox"/> Class Rank	<input type="checkbox"/> Dates of Attendance	<input type="checkbox"/> Address	<input type="checkbox"/> Cumulative GPA	<input type="checkbox"/> Telephone	<input type="checkbox"/> Expected Graduation Date	<input type="checkbox"/> Date of Birth	<input type="checkbox"/> Cumulative Hours earned	<input type="checkbox"/> TSI test results	<input type="checkbox"/> Degree program type (i.e. traditional or distance education degree program)		<input type="checkbox"/> Copy of High School Transcript - Provide name of High School <i>HS Name:</i> _____ <input type="checkbox"/> Copy of Test Scores – List test score type requested <i>Test type:</i> _____ <input type="checkbox"/> Copy of Previous Institution(s) Transcripts List specific institutions or indicate 'ALL.' <i>Institution Name(s):</i> _____ <input type="checkbox"/> Former Student Questionnaire information <input type="checkbox"/> Other – Please specify _____
<input type="checkbox"/> Degree(s) awarded	<input type="checkbox"/> Class Rank												
<input type="checkbox"/> Dates of Attendance	<input type="checkbox"/> Address												
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<input type="checkbox"/> Cumulative Hours earned	<input type="checkbox"/> TSI test results												
<input type="checkbox"/> Degree program type (i.e. traditional or distance education degree program)													
<input type="checkbox"/> Copy of Immunization Records <input type="checkbox"/> Non-attendance letter <input type="checkbox"/> Affidavit of Intent to Establish Permanent Residency <input type="checkbox"/> Residency Status Verification													

Request should be sent by:

<input type="checkbox"/>	Email:	_____
<input type="checkbox"/>	Fax:	_____
<input type="checkbox"/>	Mail:	Address: _____
		City, State, Zip: _____

Signature	Date
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FOR OFFICE USE ONLY

Date received: _____

Processed by: _____

Date Processed: _____