

MEXICAN AMERICAN CATHOLIC COLLEGE

Registrar's Office | 3115 W Ashby Place | PO Box 28185 | San Antonio TX 78228
210-736-2963 (fax) | 210-732-2156 (phone) | registrar@maccsa.org

Transcript Request

A fee is associated with this request.

Students submitting this form should view the fee schedule before submitting this form.

Instructions: If the recipient utilizes the student's driver license number and/or social security number for identification purposes, the student must provide the number at the special identification line.

A. Student Data

first name middle name last name *special identification* id number

B. Recipient Data

1.

name of individual receiving transcript(s)

- Please issue un/official transcripts to me.
Please mail un/official transcripts to the address noted at the left.
Please fax unofficial transcripts to the fax number noted below.
Please email unofficial transcripts to the email address noted below.

name of institution receiving transcript(s)

address (line 1)

address (line 2)

phone fax

city state zip country

email

2.

name of individual receiving transcript(s)

- Please issue un/official transcripts to me.
Please mail un/official transcripts to the address noted at the left.
Please fax unofficial transcripts to the fax number noted below.
Please email unofficial transcripts to the email address noted below.

name of institution receiving transcript(s)

address (line 1)

address (line 2)

phone fax

city state zip country

email

C. Processing Data

- Hold until grades are final.
Hold until degree/certificate is posted.

Additional Request:

D. Acknowledgement

By signing and dating this form, I authorize the Mexican American Catholic College to release my transcript(s) as I've noted at B. Recipient Data. I understand that my request will not be processed if my record includes a hold.

student's signature (required) date

BELOW THIS LINE, FOR REGISTRAR'S OFFICE USE ONLY

cost: paid: processed by