TRANSCRIPT REQUEST FORM

PRINT CLEARLY

_____ _____ _____

(1) Last Name First MI (2) Date of Birth (3) Social Security Number

_____ _____ _____

(4) List Any Previous Names (5) Date First Enrolled (6) Date Last Enrolled

(7) STUDENT'S ADDRESS:

_____

_____

_____

(8) Number Of Transcripts To Be Mailed: _____

I authorize the mailing of an official transcript(s) of my academic records to STC at the address indicated:

_____

(9) Signature Date

Mail Transcripts to:

SOUTH TEXAS COLLEGE
ATTN: JESSICA M. SERRATA, HR TECH/EVALUATOR
OFFICE OF HUMAN RESOURCES
2501 W. PECAN BLVD
MCALLEN, TX 78501

THIS FORM TO BE USED FOR EMPLOYMENT APPLICATIONS ONLY.
STUDENT TRANSCRIPT REQUESTS WILL BE REJECTED.