

## 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](mailto:records@tamu.edu). Any questions may be directed to 979-845-1003 or [records@tamu.edu](mailto: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](mailto: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 Date of Birth First Term of Attendance  
(leave BLANK if not known)

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. (Also available at <a href="https://howdy.tamu.edu">https://howdy.tamu.edu</a> for Current Students)	<input type="checkbox"/> Copy of High School Transcript - Provide name of High School HS Name: _____
<input type="checkbox"/> Degree(s) awarded	<input type="checkbox"/> Copy of Test Scores – List test score type requested
<input type="checkbox"/> Dates of Attendance	<input type="checkbox"/> Test type: _____
<input type="checkbox"/> Cumulative GPA	<input type="checkbox"/> Copy of Previous Institution(s) Transcripts List specific institutions or indicate 'ALL.'
<input type="checkbox"/> Expected Graduation Date	<input type="checkbox"/> Institution Name(s): _____
<input type="checkbox"/> Cumulative Hours earned	<input type="checkbox"/> Former Student Questionnaire information
<input type="checkbox"/> Degree program type (i.e. traditional or distance education degree program)	<input type="checkbox"/> Other – Please specify _____
<input type="checkbox"/> Class Rank	
<input type="checkbox"/> Address	
<input type="checkbox"/> Telephone	
<input type="checkbox"/> Date of Birth	
<input type="checkbox"/> TSI test results	
<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:

☐ Email: \_\_\_\_\_

☐ Fax: \_\_\_\_\_

☐ Mail: Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

Signature

Date

### FOR OFFICE USE ONLY

Date received: \_\_\_\_\_

Processed by: \_\_\_\_\_

Date Processed: \_\_\_\_\_