



REQUEST FOR TRANSCRIPT OF RECORD
(\$4.00 CHARGE PER COPY, \$12.00 CHARGE FOR EACH FAX or CREDIT CARD PAYMENT)

911 South Tenth Street, Tucumcari, NM 88401
Phone: (575) 461-4413 Fax: (575) 461-1901

Please Print

Student Name: _____

Current Address: _____

City/State/Zip: _____

Phone: _____

(Applicant is responsible for address)

MAIL TO: _____

Send Immediately _____ Hold for Current Grade _____

Other Directions _____

Social Security Number: _____

Date of Birth: _____

Number of Copies: _____

Date of Request: _____

(Allow 24 hrs. for processing transcripts)

Dates of Attendance: _____

Date of Completion: _____

Student Signature _____

Transcripts issued directly to student or mailed to any entity other than educational institutions, agencies or employers, will be marked "Student Copy"