

University of Houston Clear Lake

Official Transcript Request Form

Office of Academic Records · 2700 Bay Area Blvd, Houston, Texas 77058 · Phone: 281-283-2525 · Email: registrar@uhcl.edu

Transcript requests may be made online using the assigned E-Services account by current and former students with enrollment in E-Services (www.uhcl.edu/eservices). Former students whose last date of enrollment pre-dates E-Services (effective Spring 2000), may bring this form in person to the **Registrar's Office SSCB 3203**, email as an attachment, or mail to our mailing address.

Students must submit a copy of a Government-issued photo ID with this request form.

- Limit:** Students may request **up to 2** transcripts per day. Currently, there is no cost for transcripts.
- Transcript Holds:** Transcripts cannot be released if the student has a transcript hold.
- Processing Time:** 3 to 5 business days. Please allow for longer processing times during grade and degree posting periods. If you attended UHCL prior to 2000, please allow 5 to 7 business days. Processing time **does not include mail delivery time**. Failure to provide all required information as indicated will cause a delay in processing.
- Third Party Release:** **In order for a third party to pick up the student's transcript(s):** 1) The student must submit a copy of a Government-issued photo ID with this request form, and 2) A third party must also present photo ID when picking up transcripts. I authorize UHCL to release my transcript(s) to: **(Print Name)** _____.

*Last Name	*First	Middle	*Student ID # or Last 4 of SSN & DOB	Other Last Name(s) used while enrolled at UHCL
*Email Address			*Last Semester Attended	Number of Transcripts (Max 2)

Choose one: Pick Up Mail **Optional:** Hold for Final Grades Hold for Posting of Degree

***Current Address: (Required)**

Transcripts will be stamped *Issued to Student* unless mailed directly to a company or institution.

Mail to Address: (If different from current address)

*Name of recipient: _____
Address 1: _____
Address 2: _____
Address 3: _____
City, State, Zip or Country: _____

All Requests made with this form MUST include Government-issued photo ID (Driver's License or Passport)

Release of academic records:

I certify that I am the person whose name appears in the *Student Information* section of this form, and do hereby authorize release of my academic records in the manner specified above. In accordance with the Texas Open Records Act and the Family Educational Rights and Privacy Act of 1974, as amended, student academic records are classified as confidential, and may be released only with the student's written authorization and signature.

SIGNATURE (Required) All Transcripts will be sealed.

DATE

PHONE NUMBER

State law requires that you be informed of the following: (1) with few exceptions, you are entitled on request to be informed about the information the University collects about you by use of this form; (2) under sections 552.021 and 552.023 of the Government Code, you are entitled to receive and review the information; and (3) under section 559.004 of the Government Code, you are entitled to have the University correct information about you that is incorrect.

Registrar use only: Initials: _____ Date: _____