



REQUEST FOR TRANSCRIPT OF RECORD

(\$4.00 charge per mailed copy)
(Cash, Check Debit/Credit Card Accepted)
911 South Tenth Street, Tucumcari, NM 88401
(575)461-4413 – Phone (575)461-1901 – Fax

PLEASE PRINT

Student Name	_____	SSN	_____
Current Address	_____	Date of Birth	_____
City/State/Zip	_____	Number of Copies	_____
Phone	_____	Date of Request	_____

MAIL TO:

Applicant is responsible for address

_____	Dates attended	_____
_____	Date completed	_____
_____	Student Signature	_____

Send Immediately YES ___ NO ___

Hold for Current Grades YES ___ NO ___

Other Directions

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