

TRANSCRIPT REQUEST FORM

**Records Office
Angelina College
PO Box 1768
Lufkin, TX 75902-1768
Phone: 936-633-5210**

You may fax this request to 936-633-3206 or email a signed, completed request form to bross@angelina.edu

Student Name _____ Date: _____

Other Names Used While Attending AC _____

SSN _____ Phone: _____

Mailing Address: _____

CITY STATE ZIPCODE

Did you attend Angelina College prior to 1995? _____ yes _____ no

Please complete questions 1-3 below:

1. ___ Unofficial Transcript
___ Official Transcript

2. Number of Copies Needed: _____
(First 3 copies are free, all additional are \$5.00 each)

3. ___ Mail to address above.
___ Mail to another college _____
College Name City & State
___ Mail to another address _____
Street or Box City State Zip

(Do you wish to use this new address to update your permanent mailing address? ___ yes ___ no)

___ I will pick up the transcript on _____
Date Approximate Time

___ After grades are posted for the _____ semester (ex: Spring 2005)
(Please give instructions for mailing or pickup)

STUDENT SIGNATURE _____ **DATE** _____