

TRANSCRIPT REQUEST FORM

ANGELINA COLLEGE
RECORDS OFFICE
PO Box 1768
Lufkin, TX 75902
Phone: 936-633-5210
Fax: 936-633-3206

Date: _____

Student ID# _____

Name _____
Last First Middle

Other Names Used While Attending AC _____

SSN _____ - _____ - _____ Phone# _____

Mailing Address _____
Street or Box City State Zip

Do you wish to use this address to update your permanent mailing address? Yes No

Please complete questions 1-4 below:

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

2. _____ Unofficial Transcript

_____ Official Transcript

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

4. _____ Mail to my address above.

_____ Mail to another college _____
College Name City & State

_____ Mail to another address _____
Street or Box City State Zip

_____ Pick up now.

_____ Print after grades are posted for the _____ semester (Ex: Spring 2007)

STUDENT SIGNATURE _____ **DATE** _____