

To request transcript(s), please complete the information below. Transcripts cost \$5.00 each. A credit card must be used for payment. Transcript requests will be processed upon receipt and mailed to the student at the address given below unless other instructions are given. Fields marked with a star (*) are required.

* First Name

* Last Name

* Other name you may be enrolled under (if applicable)

* Date of Birth

Mailing Address:

* Street (incl. Apt. No.)

* City, State Zip Code

* Last Semester Enrolled at Glassell:

FALL SPRING SUMMER

Year

* Number of Transcripts Requested:

(x \$5.00)

Payment Information:

Type of Card: VISA MC AMEX DISC

* Card No.:

* Exp. Date (mm/yy):

Signature:

Other Instructions:

Mail completed forms and payment to:
Glassell School of Art
Attn: Registrar
PO Box 6826
Houston, TX 77265-6826