

AHHS Transcript Request Form

Name _____
ID _____

Purpose of Request:

- I would like a copy for personal use.
- Please submit my transcript to the colleges/universities below:

1. Name of College/University _____

Name of city & state located _____ / _____
City State

Is this the main branch of the university: YES NO (if not, indicate branch name) _____

How do you want your transcript sent? (Check ALL that apply)

- TREX – RECOMMENDED (Texas Records Exchange)
- Email – PRINT the email address _____
- Mail – PRINT the mailing address _____

2. Name of College/University _____

Name of city & state located _____ / _____
City State

Is this the main branch of the university: YES NO (if not, indicate branch name) _____

How do you want your transcript sent? (Check ALL that apply)

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Name _____
ID _____

3. Name of College/University _____

Name of city & state located _____ / _____
City State

Is this the main branch of the university: YES NO (if not, indicate branch name) _____

How do you want your transcript sent? (Check ALL that apply)

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- Mail – PRINT the mailing address _____



4. Name of College/University _____

Name of city & state located _____ / _____
City State

Is this the main branch of the university: YES NO (if not, indicate branch name) _____

How do you want your transcript sent? (Check ALL that apply)

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