TRANSCRIPT REQUEST FORM

EASTERN NEW MEXICO UNIVERSITY – ROSWELL

OFFICE OF ADMISSIONS & RECORDS

Check One: _____Official ____ Student Date _____

NOTE**:** **OFFICIAL** transcripts are issued only to institutions, agencies or employers.
STUDENT copies of transcripts are issued directly to the student.

PLEASE PRINT NAME AND ADDRESS OF PERSON RECEIVING TRANSCRIPT:

_____

_____

_____

_____

ALL TRANSCRIPT REQUESTS MUST BE WRITTEN—NO TELEPHONE REQUESTS

Student Information:
Social Security Number ___ ___ ___ --___ ___--___ ___ ___ ___

Full Name _____ Previous Name(s)_____
Last First MI

Address _____
Street

_____
City State Zip

Telephone: Day _____ Cell_____

Date of Birth _____

Year of Last Enrollment _____ Campus of Last Enrollment _____

Check one:
___Send Immediately ___Courses in Progress, Hold for Grades ___Hold for Degree Posting

Student signature_____

Pursuant to provisions of the Federal Family Educational Rights and Privacy Act of 1974, (Public Law 93-3801), I grant permission for release of my academic record of the individual indicated, but only on the condition that they will not permit any other party to have access to this records.