

Transcript Request

Office of the Registrar UMHB Box 8425 900 College Street Belton, Texas 76513 Phone (254) 295-4510 Fax (254) 295-5052 registrar@umhb.edu

 \square O/N \square O/N pmt. rec'd.

Tracking #

Instructions: Download and complete the request form. You may mail, fax, email, or hand deliver your request to the Registrar's Office.

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UMHB ID #	Date of Birth	Social Security #:	
		(optional) Date Graduated:	
Name:			
Last Previous (Maiden) Last Name(First	Middle	
		Hamas Dhamas	
	Check if this is a new a	address or phone number.	
Offic	ial	Unofficial	
**Use a separate form for each a Number of Copies: Mail Transcript to: (Provide complete name Allow 7-10 days for	& mailing address.	E-mail Address: Fax to – Name: Number: Mail Transcript to:	
		(Provide complete name & mailing address. Allow 7-10 days for mail delivery.)	_ _ _
(Please choose one) Pick Up or Send N Hold for Grades Hold for Degree Overnight mailing – see below		(Please choose one) Current Student Enrolled in Classes No longer Attending UMHB Alumni Graduated from UMHB	
Signature:	m the person whose name appears on	Date:	
Transcrip	t service will be denied to students Allow 2 to 3 busin Fee subject to change and payabl FED EX requires a physical	s with outstanding financial obligations to UMHB. ess days for processing. le in advance. Credit card payments take 24 hours to process. I address, not a PO Box Number. r.umhb.edu/how-request-transcript	
The Family Educational Rights a	nd Privacy Act (FERPA) of 1974 pro	ohibits the release of transcripts without the student's written conse	<u>ent.</u>
For office Date processed/In use only: Special Instructions		Circle: Picked Up Mailed Faxed Emailed Fed-	Exed