



Transcript Request Form

Only 1 request per form

Transcript Service Policy:

All requests must be authorized by the student's signature in accordance with the Family Educational Rights and Privacy Act of 1974. Requests by persons other than the student will not be honored without the student's written permission. All requests must accompany a copy of the student's ID card or drivers license.

Name*: _____ Former name (if applicable): _____
First MI Last

NMHU ID#/SSN*: _____ DOB*: (MM) _____ / (DD) _____ / (YYYY) _____ First year attended*: _____

Current address*: _____

City*: _____ State*: _____ Zip*: _____

Phone number*: (____) _____ Student e-mail address: _____

Check here for confirmation e-mail sent to you for delivery of your eTranscript.

* Required field

Address Transcript Will Be Mailed To:

Indicate number of copies next to selection. All transcript fees must be paid before transcripts can be released.

Name*: _____

Fax number (if applicable): (____) _____

Check if network recipient or *eTranscript delivery e-mail: _____

Address*: _____

City*: _____ State*: _____ Zip*: _____

Student signature*: _____ Date: _____

* Required field

Type Of Transcript/Fee

You will need to fill out more than one request if going to different addresses. Otherwise, indicate number of copies.

_____ Official \$2.00 _____ Unofficial mailed \$2.00 _____ Unofficial faxed copy \$5.00

*DISPOSITION: (SELECTION REQUIRED)

- Release immediately to address/electronic address indicated above
- Release after grades ___ Fall ___ Spring ___ Summer or ___ Degree/Licensure Posting to electronic address above
- Release after grades ___ Fall ___ Spring ___ Summer – to address above
- Release after Degree Posting/Licensure Completion – to address above
- Will pick up (Picture ID is required for pick up. NMHU will hold transcripts for 30 working days after which transcript(s) will be shredded and all fees forfeited.)

Payment Authorization:

Payment Type: Visa Master Card Discover Check/Money Order Enclosed

Student Name: _____ Student ID #/SSN: _____

CC#: _____ Exp. Date: _____ Student phone #: _____

Card holder name: _____ Billing Zip Code: _____

I authorize New Mexico Highlands University to charge \$ _____ against the above card for transcript fees.

Student Signature: _____ Date: _____