

\*Name: \_\_\_\_\_ \*ID#: \_\_\_\_\_  
                    **First**                    **Middle**                    **Last**

Former Name (if applicable): \_\_\_\_\_

\*Current Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

\*Phone Number: \_\_\_\_\_ \*DOB: \_\_\_\_\_

\*First Semester at NMHU: \_\_\_\_\_ Email address: \_\_\_\_\_

**ADDRESS TRANSCRIPT WILL BE MAILED TO:**

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

\*Name: \_\_\_\_\_

\*FAX Number (if applicable): \_\_\_\_\_

\*Address: \_\_\_\_\_

\*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip: \_\_\_\_\_

\*Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*TYPE OF TRANSCRIPT/FEE (indicate # of copies next to selection): All transcript fees must be paid before transcript(s) can be released.**

\_\_\_\_\_ Official \$ 2.00                      \_\_\_\_\_ Unofficial \$ 2.00                      \_\_\_\_\_ Faxed copy (unofficial) \$ 5.00

**\*DISPOSITION: (SELECT ONLY ONE)**

\_\_\_\_\_ Release Immediately to Address Indicated above:

\_\_\_\_\_ Hold for **Current** Term Grades    \_\_\_\_\_ Fall    \_\_\_\_\_ Spring    \_\_\_\_\_ Summer

\_\_\_\_\_ Hold for Degree Posting/Licensure Completion

\_\_\_\_\_ Will Pick Up (picture id is required for pick up)  
(NMHU will hold transcripts for 30 working days after which transcript will be shredded and all fees forfeited.)

**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.

**Payment Authorization:**    Card Type \_\_\_ Visa \_\_\_ Master Card \_\_\_ Discover

Student Name: \_\_\_\_\_ Student ID Number: \_\_\_\_\_

CC#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

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

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_