



SAM HOUSTON STATE UNIVERSITY

A Member of The Texas State University System

OFFICE OF THE REGISTRAR

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Office: (936) 294-1035

Request for Official Transcript

Transcript Fee: \$5.00 each

Overnight Fee: Additional \$16.25 per address

Total number of Official Transcripts

All transcripts are sealed individually. Please make Check, or Money order payable to SHSU. CC accepted online only

Please complete entire form. Incomplete forms risk not being processed.

(Last) (First) (MI) (Maiden)

SamID or SSN: _____ Date of Birth: _____

Phone Number: _____ Email Address: _____

Mailing Address: _____

Street Address Apt. # City State Zip

Please select the type of transcript requested.

(Circle one)

Graduate "Undergraduate "Both

Mail To:

Please print legibly and attach second sheet for multiple addresses.

Number of Transcripts

Must provide last date of attendance: _____

Did you attend SHSU prior to 1978? Yes or No *(circle one)*

Student's Signature: _____

Required for Release

We do not accept phoned, faxed, or emailed requests.

Transcripts will not be released for students financially indebted to the University, or with holds on their account.

If we are unable to comply with your request you will be notified by mail.