



Texas Health and Science University

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TRANSCRIPT REQUEST

Date: _____ Date of last attendance: _____

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I, _____, am requesting that my THSU transcript be sent to the following address:

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I authorize the release of my transcript to the person or institution listed above.

Student's signature required

Date

Student's name and mailing address (please print):

COSTS:

Transcript \$15.00 each

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Total Amount Enclosed: _____ Received by: _____ Date: _____
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