OFFICE OF THE REGISTRAR

SENATOR FRANK L. MADLA BUILDING, ROOM 303
ONE UNIVERSITY WAY, SAN ANTONIO, TEXAS 78224
PHONE: (210) 784-1300 FAX (210) 784-1494

TEXAS A&M UNIVERSITY-SAN ANTONIO
Registrar

Records Request Form

This form can be filled out with Adobe Acrobat and printed for signatures. Upon completion, this form should be returned to Texas A&M University-San Antonio, Office of the Registrar, faxed to 210-784-1494, or scanned and emailed to registrar@tamusa.edu.
Any questions may be directed to 210-784-1369 or registrar@tamusa.edu.

For information about requesting an Official Texas A&M University-San Antonio Transcript, go to https://www.tamusa.edu/registrar/services/transcripts.html

This request should be used by individuals to request their own academic records.

Print Full LEGAL Name as it Appears on Your Records	Student ID# (leave BLANK if not known)	Date of Birth	First Term of Attendance

Phone Number (Current)	Email (Current)

Requested Records

☐ Verification of Degree or Enrollment letter – The following information can be included in the verification letter. Check all that apply
(Also available at https://jagwire.tamusa.edu for Current Students)

☐ Degree(s) awarded   ☐ Class Rank
☐ Dates of Attendance   ☐ Address
☐ Cumulative GPA   ☐ Telephone
☐ Expected Graduation Date   ☐ Date of Birth
☐ Cumulative Hours earned   ☐ TSI test results
☐ Degree program type (i.e. traditional or distance education degree program)

☐ Copy of Immunization Records

☐ Non-attendance letter

☐ Affidavit of Intent to Establish Permanent Residency

☐ Residency Status Verification

☐ Copy of High School Transcript – Provide name of High School
HS Name: _____

☐ Copy of Test Scores – List test score type requested
Test type: _____

☐ Copy of Previous Institution(s) Transcripts
List specific institutions or indicate 'ALL.'
Institution
Name(s): _____

☐ Former Student Questionnaire information

☐ Other – Please specify
_____

Request should be sent by:

☐ Email: _____

☐ Fax: _____

☐ Mail:

Address: _____

City, State, Zip: _____

_____   _____
Signature   Date

FOR OFFICE USE ONLY

Date received: _____

Processed by: _____

Date Processed: _____