

Vision International University of Florida

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REQUEST FOR STUDENT TRANSCRIPT

Instructions

1. Type, print or computer generate the Request Form information.
2. The Request must have the student's signature.
3. Official transcripts may be sent to another college or to a potential employer.
4. Each transcript requested is \$10.
5. Transcripts may take up to 2-3 weeks for delivery.

Student Information

Name:	
Address:	
City, State, Zip:	
Student ID #:	
Email:	
Phone #:	
Resource Center Name:	
Years Attended:	
Degree Level:	
Date Received:	

Mail Official Transcripts To:

Number of Copies _____

Institution/Organization:	
To Att./ Registrar:	
Address:	
City, State and Zip:	
EMAIL INSTEAD TO:	

Send Unofficial Transcripts To:

Number of Copies _____

Name:	
Street:	
City:	
State and Zip:	
EMAIL INSTEAD TO:	

Authorization of Payment:

Payment Total \$ _____

- ☐ \$10 is enclosed with this request for each transcript requested. (If mailed, payable to TXUT)
- ☐ I authorize TXUT to invoice me \$10 for each transcript requested. I understand that this request will not begin processing until payment is received. Invoice to be sent to my email at _____
- (Please give 2 business days for invoicing. Contact us if not received within 48 hours)

Student Signature _____ Date _____