

## Transcript Request Form

To request an official transcript of all course work taken at College of the Mainland, fill out this form and mail to **College of the Mainland, Admissions and Records Office, 1200 Amburn Road, Texas City, TX 77591** or fax to **409-933-8012** or e-mail [admissions@com.edu](mailto:admissions@com.edu).

SSN or COM ID: \_\_\_\_\_

First Name: \_\_\_\_\_ M.I. \_\_\_\_ Last Name: \_\_\_\_\_

Previous or Maiden Name: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Send \_\_\_\_\_ transcripts to the following address:

Each request with a different address requires a separate form.

Mail to the Home Address above

Name of Institution: \_\_\_\_\_

Attention to: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_

Please choose one of the following:

I will pick up my transcript

Send now

Send after \_\_\_\_\_ semester grades are posted

Hold for posting of degree

Send after CLEP scores are posted

Hold until after grade change. Course/No. \_\_\_\_\_

Continuing Education Transcript

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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