

To request transcript(s), please complete the information below. Transcripts cost \$5.00 each. You may pay with cash or a credit card. Transcript requests will be processed upon receipt and mailed to the student at the address given below unless other instructions are given. Allow a minimum of three (3) business days for transcripts to be completed. More time might be required for archived records. **Fields marked with a star (\*) are required.**

Name\* (First and Last) \_\_\_\_\_

Other name you may be enrolled under (if applicable)\* \_\_\_\_\_ Date of Birth\* (Month / Day / Year) \_\_\_\_\_

Phone (area code and number)\* \_\_\_\_\_ E-mail \* \_\_\_\_\_

Mailing Address / Apt. # / City / State / Zip\* \_\_\_\_\_

Last Semester/Year Enrolled at Glassell:\* Year: \_\_\_\_\_  Fall Semester  Spring Semester  Summer Semester

Number of Transcripts Requested: \* \_\_\_\_\_ (x \$5.00)  Glassell Certificate of Achievement awarded while enrolled

**METHOD OF DELIVERY**

- Mail to address listed above.  I will pick up at front desk.
- Mail to another institution (please provide full address).

**Other Instructions:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PAYMENT INFORMATION**

- CHECK (payable to MFAH)  CREDIT: *Please charge my*  AmericanExpress  Discover  MasterCard  Visa

Card Number\* \_\_\_\_\_ CVC \_\_\_\_\_ Expiration Date (Month / Year)\* \_\_\_\_\_

Signature\* \_\_\_\_\_ Date (Month / Day / Year) \_\_\_\_\_

**SUBMIT COMPLETED FORM AND PAYMENT (IF ANY) TO:**

**Mailing:** Glassell School of Art  
 Attn: Registrar  
 The Museum of Fine Arts, Houston  
 P. O. Box 6826  
 Houston, TX 77265

**Hand-Delivery:** Glassell School of Art  
 5101 Montrose Blvd.  
 Houston, TX 77006  
 Room 324  
**E-mail:** registration@mfa.org