

# TRANSCRIPT REQUEST FORM

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)

**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:**

\_\_\_\_\_

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**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