



**Tarrant
County
College**

Official Transcript Request Form

MAIL TO: Trinity River Campus - Records Office

300 Trinity Campus Circle, Fort Worth, TX 76102

FAX TO: 817-515-0625

Student ID # or Last 4 of SSN

Dates Attended/Last Term

Requested

Last Name

First Name

Previous Name(s)

Date of Birth

Telephone

Undergraduate/Credit

Non-Credit

• Mail Transcript to:

Institution Name (if applicable) _____

Name or Attention Line _____

Delivery Address _____

City, State, Zip Code _____

• Send Now

• Hold for Grades in Progress

Fall

Spring

Summer

• Hold Until Degree Posted

Fall

Spring

Summer

***There is no charge for transcripts; however, all financial obligations must be met before a transcript will be released.
Transcripts cannot be faxed or e-mailed. Failure to provide signature or complete all fields may delay
or prevent your request from being processed.***

Student Signature

Date Requested

Registrar Use Only

Sent to Records

Staff Member _____

Office/Campus _____ Date ____/____/____