

MEXICAN AMERICAN CATHOLIC COLLEGE

Registrar's Office | 3115 W Ashby Place | PO Box 28185 | San Antonio TX 78228
210-736-2963 (fax) | 210-732-2156 (phone) | registrar@maccsa.org

Record Request

A fee is associated with this request. Students submitting this form should view the fee schedule before submitting this form.

Instructions: If the recipient utilizes the student's driver license number and/or social security number for identification purposes, the student must provide the number at the special identification line.

A. Student Data

first name middle name last name *special identification* id number

Which record are you requesting: [] Transcript [] Enrollment of Verification [] Statement of Standing

B. Recipient Data

name of individual receiving record

- [] Please issue ___ unofficial transcripts to me.
[] Please mail ___ unofficial transcripts to the address noted at the left.
[] Please fax ___ unofficial transcripts to the fax number noted below.
[] Please email ___ unofficial transcripts to the email address noted below.

name of institution receiving record

address (line 1)

address (line 2)

phone

fax

city state zip country

email

C. Processing Data

- [] Hold until grades are final.
[] Hold until degree/certificate is posted.

Additional Request:

D. Payment Info

[] Bill my Diocese / my Community

[] Cash [] Check [] Credit Card (card information below) Payment amount

Name on card

Card Type

Card Number

address

Expiration Date MM/YY

Security Code

city state zip

Phone Number

E. Acknowledgement

By signing and dating this form, I authorize the Mexican American Catholic College to release my record(s) as I've noted at B. Recipient Data. I understand that my request will not be processed if my record includes a hold.

student's signature (required)

date

BELOW THIS LINE, FOR REGISTRAR'S OFFICE USE ONLY

cost: paid: processed by