

Request for Unofficial Copy of Transcript

West Texas A & M University

(FERPA authorization for release of Information)

I give permission for West Texas A & M University to release my unofficial transcript to the following:

Name: _____

Email Address (will be sent encrypted): _____

Mailing address: _____

City State, Zip: _____

Fax Number: _____

Student Information (Please print information below)

Buff ID: _____

Name: _____

Date of Birth: _____

Phone number: _____

Last four of social security number: _____

Dates of Attendance: _____

Name(s) while attending: _____

I understand this is for an unofficial copy of my transcript only. Official copies must be requested online via the West Texas A & M University website.

Signature of Student: _____ Date: _____