

Transcript Request Form

Completed forms may be submitted by mail, fax or in person to one of our locations listed below.

If you would like to email your transcript request form you can send to: tmitchell@rma-tx.org

Please Select Location - ATTN: Academics

- | | |
|--|-------------------|
| <input type="checkbox"/> RMA Amarillo , 4106 SW 51 st St., Amarillo, TX 79109 | Fax: 806-463-2331 |
| <input type="checkbox"/> RMA Beaumont , (Send to RMA Houston address; Attn: Academics) | Fax: 830-557-5424 |
| <input type="checkbox"/> RMA Corpus Christi , 3512 S Staples St, Corpus Christi, TX 78411 | Fax: 361-693-5813 |
| <input type="checkbox"/> RMA Ft. Worth , 6785 Camp Bowie Blvd., #200, Fort Worth, TX 76116 | Fax: 817-731-7628 |
| <input type="checkbox"/> RMA Houston , 500 Century Plaza Dr Suite#180 Houston, TX 77073 | Fax: 281-209-9475 |
| <input type="checkbox"/> RMA Killeen , 802 North 8 th St., Killeen, TX 76541 | Fax: 254-634-4044 |
| <input type="checkbox"/> RMA Lubbock , 2333 50 th St. Lubbock, TX 79412 | Fax: 806-740-0804 |
| <input type="checkbox"/> RMA Midland North , (Send to Midland South - see below) | Fax: 432-803-5393 |
| <input type="checkbox"/> RMA Midland South , 1305 N. Midland Dr, Midland, TX 79703 | Fax: 432-803-5393 |
| <input type="checkbox"/> RMA Odessa , 2419 North County Rd. W., Suite 100, Odessa, TX 79763 | Fax: 432-614-1913 |
| <input type="checkbox"/> RMA Pasadena , 320 E. Southmore Ave., Suite 306, Pasadena, TX 77502 | Fax: 713-472-3543 |

Student Information

*All areas with an asterisk must be filled out by the student. Transcript requests forms that are deemed incomplete will not be filled.

Student Name* _____	DOB* _____
Maiden Name (if applicable)* _____	Grad. Year _____
Or last year attended RMA _____	Last four of SSN* _____
Email _____	Phone* _____

Method of Receiving Transcript

- ☐ Pick up in person
- ☐ Please email an unofficial transcript to the following: _____
- ☐ Please mail a sealed official transcript to the following: _____
- College/University/Business*: _____ ATTN*: _____
- Street Address*: _____ City*: _____ State*: _____ Zip*: _____

Authorization to Release Record

(Must be signed by student if 18 or older, or guardian if under 18)

Print Name: _____ Signature*: _____

Please note it may take up to 10 working days to complete the request:

By law (TEC §25.002(a-1)), a district must respond to a request for a student record within 10 working days after the date the request for information is received

OFFICE USE ONLY:

Date Received: _____ Date Processed: _____ Signature: _____