



Transcript Request Form

Completed forms may be submitted by mail, fax or in person to the following locations.

Please Select Campus - ATTN: Registrar

- RMA Amarillo**, 4106 SW 51st St., Amarillo, TX 79109 Fax: 806-463-2331
- RMA Beaumont**, (Send to Superintendent's Office) 1263 Terminal Loop, McQueeney, TX 78123 Fax: 830-557-5424
- RMA Corpus Christi**, 5333 Everhart Rd., Bldg. C, Corpus Christi, TX 78411 Fax: 361-225-4945
- RMA Ft. Worth**, 6785 Camp Bowie Blvd., #200, Fort Worth, TX 76116 Fax: 817-731-7628
- RMA Houston**, 713 East Airtex Drive, Bldg. B, Houston, TX 77073 Fax: 281-209-9475
- RMA Killeen**, 802 North 8th St., Killeen, TX 76541 Fax: 254-634-4044
- RMA Lubbock**, 2333 50th St. Lubbock, TX 79412 Fax: 806-740-0804
- RMA Midland North**, (Students from Illinois campus should send requests to Midland South - see below) Fax: 432-803-5393
- RMA Midland South**, 503 E. I-20 Frontage, Suite 110, Midland, TX 79701 Fax: 432-803-5393
- RMA Odessa**, 2419 North County Rd. W., Suite 100, Odessa, TX 79763 Fax: 432-614-1913
- 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 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: _____