



**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: [mcarrillo@rma-tx.org](mailto:mcarrillo@rma-tx.org)

**Please Select Location - ATTN: Registrar**

- RMA Central Office**, 13003 Jones Maltsberger Rd, San Antonio, TX 78247 Fax: 830-557-5424
- RMA Amarillo**, 4106 SW 51<sup>st</sup> St., Amarillo, TX 79109 Fax: 806-463-2331
- RMA Beaumont**, (Send to **RMA Central Office** address) Fax: 830-557-5424
- RMA Corpus Christi**, 3512 S Staples St, 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 8<sup>th</sup> St., Killeen, TX 76541 Fax: 254-634-4044
- RMA Lubbock**, 2333 50<sup>th</sup> St. Lubbock, TX 79412 Fax: 806-740-0804
- RMA Midland North**, (Send 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 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: \_\_\_\_\_