

Transcript Request Form

To request an official transcript of all course work taken at College of the Mainland, fill out this form and mail to **College of the Mainland, Admissions and Records Office, 1200 Amburn Road, Texas City, TX 77591** or fax to **409-933-8012** or e-mail admissions@com.edu.

SSN or COM ID: _____

First Name: _____ M.I. ____ Last Name: _____

Previous or Maiden Name: _____

E-mail Address: _____

Address: _____

City: _____ State: ____ Zip Code: _____

Phone Number: _____

Send _____ transcripts to the following address:

Each request with a different address requires a separate form.

Mail to the Home Address above

Name of Institution: _____

Attention to: _____

Address: _____

City: _____ State: ____ Zip Code: _____

Please choose one of the following:

I will pick up my transcript

Send now

Send after _____ semester grades are posted

Hold for posting of degree

Send after CLEP scores are posted

Hold until after grade change. Course/No. _____

Continuing Education Transcript

Comments:

Signature: _____ Date: _____