

# Clarendon College Transcript Request Form

P.O. Box 968

Clarendon, Texas 79226

Phone: (806) 874-3571

Fax: (806) 874-3201

Print this form, fill it out and then mail it to:

**Clarendon College**  
**ATTN: Registrar**  
**P.O. Box 968**  
**Clarendon, TX 79226**

You may also fax this form to 806-874-1487.

Please send a copy of my OFFICIAL Clarendon College Transcript to:

---

**Personal Name or Name of Institution**

---

**Mailing Address**

---

**City, State, Zip Code**

---

Name while attending Clarendon College

---

Social Security #

---

Date of Attendance

---

Signature (**REQUIRED FOR PROCESSING!**)

---

Contact Phone #

\_\_\_\_\_ Number of transcripts needed

\_\_\_\_\_ Send transcript NOW\*

\_\_\_\_\_ Send transcript when semester is complete

If you were in the nursing program, please check here: \_\_\_\_\_