

Clarendon College Transcript Request Form

P.O. Box 968

Clarendon, Texas 79226

Phone: (806) 874-3571

Fax: (806) 874-5080

Print this form, fill out and mail with a \$5 fee per transcript to:

Clarendon College
ATTN: Transcript Request
P.O. Box 968
Clarendon, TX 79226

You may also fax this form to 806-874-5080 and call 806-874-3571 and pay by phone with a credit card.

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*

_____ Amount enclosed

_____ Send transcript when semester is complete

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