



TRANSCRIPT RELEASE FORM

PLEASE PRINT

I attended your school from _____ to _____. Program _____

Name Former Name (if applicable)

Social Security # Date of Birth Telephone Number

Street

City, State, ZIP

Email Address: _____

Instructions

1. Transcripts are not generated for a student with a hold status on the record.
2. Complete a separate Transcript form for each address to which a transcript is to be sent. Transcript fee is \$5.00 per transcript. Payment can be made with check or money order
3. **Print and mail the form to:**
Registrar, Hallmark College of Technology, 10401 IH 10 West, San Antonio, TX 78230
Registrar, Hallmark College of Aeronautics, 8901 Wetmore Rd., San Antonio, TX 78216
4. Transcripts are released only with the written authorization from the student of record. Photo ID is required if the transcript is picked up.
5. If you have questions call the Registrar at (210)690-9000 Technology or (210)826-1000 Aeronautics.

Pick up at Registrar's Office: Campus Aviation Technology **or**

Send by Mail

I request my transcript to be sent to:

Name

Street

City, State, ZIP

Student Signature Date

Date Sent: _____

Contact Name: _____