



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

Please Select Location - ATTN: Registrar

- RMA Central Office**, 13003 Jones Maltsberger Rd, San Antonio, TX 78247 Fax: 830-557-5424
- RMA Amarillo**, 4106 SW 51st 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 8th St., Killeen, TX 76541 Fax: 254-634-4044
- RMA Lubbock**, 2333 50th 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: _____