

# PACE Center

2314 Old Alvin Road \* Pearland, TX 77581 \* Phone: 281.412.1599

## Transcript / VOE Request Form

**Official copies MUST be mailed directly from the registrar's office to the requesting Institution.**

- All transcript requests must be submitted in writing and signed by the student, a parent or legal guardian.
- There will be a charge of \$1.00 for each transcript.
- Please allow five working days for processing.

Person Submitting Request is the:     Student     Parent     Legal Guardian

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_

(We MUST be able to contact you at this number regarding your request)

<p><u>Transcript to be:</u></p> <p><input type="checkbox"/> Picked up</p> <p><input type="checkbox"/> Mailed to: _____</p> <p>_____</p> <p>_____</p> <p>Signature: _____</p>
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### FOR OFFICE USE ONLY

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Completed on \_\_\_\_\_ by \_\_\_\_\_ Payment received by: \_\_\_\_\_