



PAUL QUINN COLLEGE
OFFICE OF THE REGISTRAR
JOHN HURST ADAMS
ADMINISTRATION BUILDING
3837 SIMPSON STUART ROAD
DALLAS, TEXAS 75241
214-302-3540

REQUEST FOR TRANSCRIPT OF RECORD

If filling out in person, PRINT INFORMATION REQUESTED BELOW. Pay \$2.00 in the Business Office and return the form to the Registrar's Office. The processing of transcripts may take (5) working days.

Name : _____
Last First Middle

Social Security Number: _____ Telephone Number: _____

Permanent Address: _____

Dates Attended: From _____ to _____ Graduated _____

Your Signature _____ Date _____

Please send copies to: _____

PLEASE DO NOT WRITE BELOW THIS BOX

HOLD THE TRANSCRIPT FOR THE FOLLOWING REASON(S)

- _____ **DEFAULT ON LOAN**
- _____ **BALANCE OF \$ _____ OWED TO INSTITUTION**
- _____ **ACADEMIC**
- _____ **OTHER _____**

CASHIER'S SIGNATURE _____

REMARKS _____

REGISTRAR'S SIGNATURE _____

DATE: _____
OF COPIES REQUESTED: _____
AMOUNT PAID: _____
ADDITIONAL COMMENTS: _____ _____ _____