

## **Transcript Request**

709 Mechem Drive, Ruidoso, NM 88345 • 575-315-1120 Fax 575-993-5092 • Email to: Ruidoso.Admissions@enmu.edu

## Important! All financial aid and Accounts Receivable holds must be cleared before a transcript will be released.

Numbers of Copies	Type of Request
	Official transcripts to Institutions, agencies or employers
	Official transcripts to students in a sealed envelope
	Student copies of transcripts issued directly to the student

[	] Please hold for currently enrolled grades	[	] Please send immediately	[	] Please hold for degree
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Please type name and address of person/organization to receive transcript (use only one address per request form):

	Name							
	Street Address							
			City, State, Zip					
Student Informat	ion							
Name:								
	Last		First	Middle				
Previous last nar	nes you	may have enrolled under:						
Student ID:	_		SSN:					
Date of Birth:			_ Phone Number:					
Present Addres	SS: _	Street	City	State	Zip			
Signature:				Date: _				

\* Transcript request <u>will not</u> be processed with incomplete information. Please make sure all required fields are completed.

\* Please allow 24 hours for the transcript request to be processed.