McLennan Community College
Office of Student Records
1400 College Drive
Waco, TX 76708
Email completed and signed request to:
transcriptrequest@mclennan.edu

Unofficial Transcript Request

Date of Request: _____ Social Security Number or Student ID _____

Personal Information – Please Print

Student's Name: _____
Last First Middle

Date of Birth: _____ Former Last Name(s): _____

Current Mailing Address: _____

City/State/Zip: _____

Phone Number: _____

Email Address: _____

Delivery Options – Check Appropriate Boxes

☐ Student Pick Up Additional Authorized Pick Up Person _____

☐ Email Transcript to: _____

Required Signature _____

All obligations/holds to McLennan Community College must be satisfied before transcripts will be processed.