



www.enmu.edu

Transcript Request

Please type

Date: _____

At your earliest convenience please forward an official copy of my transcript to:

Graduate School
ENMU Station 24
1500 S Ave K
Portales, NM 88130

I attended your school from: _____ to _____,

under the name of: _____
Last First Middle

Date of Birth: _____ SSN: _____
Month Day Year

Present Address: _____
Street City State Zip

Signature: _____

If there is a charge for this service, please bill me.