

TRANSCRIPT REQUEST FORM FOR GRADUATE STUDENTS

This form is to be used by graduate students (on campus and online)
to request their previous institution(s) to forward a copy of their transcript to UWA.
This form should be completed and faxed to UWA at (205) 652-3522.
A separate form must be used for each institution attended.

TO: Registrar's Office

Name of College Attended: _____

Address of College: _____

Registrar's Office Phone: _____

Registrar's Office Fax: _____

This is the authorize the release of one copy of my official transcript to the following:

**Registrar's Office
The University of West Alabama
Station 4
Livingston, AL 35470**

**I also give my permission for you to use a faxed copy of my signature to be used as
authorization to release my transcript.**

Last Name First Name Middle Name

Last Name First Name Middle Name

(Name on transcript if different from above)

Social Security Number Date of Birth

Current Mailing Address City State Zip

Dates of Attendance: (From) _____ (To) _____

Student's Signature Date