

Upper Iowa University Transcript Request

Please complete this form in its entirety
and submit with payment to:

**Registrar's Office
PO Box 1857
Fayette IA 52142**

FOR OFFICE USE ONLY	
ID #	_____
Location	_____
Date Received	_____
Date Cleared	_____
Date Sent Out	_____
Amount Paid	_____

Current Name _____ SSN _____
Last Name First Name M.I.

Please list all possible names under which your file may be found _____

Please send transcript to the following
address or fax number. Indicate if it
needs to go to a specific **office** or **person**.

Please send transcript to the following
address or fax number. Indicate if it
needs to go to a specific **office** or **person**.

_____ Mail - \$5 _____ Fax - \$8 _____ Mail - \$5 _____ Fax - \$8

Note: Some institutions do not consider faxed transcripts "Official".

Your Current Address: _____

Date of Birth: ____/____/____ Date of Graduation from UIU: _____
Month Day Year

Dates of Attendance at UIU: ____/____ to ____/____
Semester Year Semester Year

Desired Action: Send transcript as is
 Hold until current term grades are posted
 Hold until degree statement is on record

Daytime phone number: _____ Email Address: _____

UIU transcripts contain all course work completed at the University. **ISSUED TO STUDENT** will appear on all transcripts handled by the student. Transcripts will not be furnished for any applicant whose financial obligations to the University have not been satisfied.

Legal Signature Authorizing Release of Transcripts

Date