

Transcript Request
Office of the Registrar

Mail to: UNC Pembroke
Office of the Registrar
P.O. Box 1510
Pembroke, NC 28372
-OR-
Fax: 910-521-6328

TRANSCRIPTS CANNOT BE ISSUED UNTIL ALL FINANCIAL OBLIGATIONS TO UNCP HAVE BEEN MET

UNCP ID:

8	4	0							
---	---	---	--	--	--	--	--	--	--

Last 4 of Social Security #

--	--	--	--

To be used only if you don't know your UNCP ID

Last	First	Middle	Suffix (Jr., II, etc.)
Previously Used Name:			
Date of Birth:	Home or Cell #:	Email: @bravemail.uncp.edu	
Street Address or PO Box			
City	State	Zip	

Beginning Enrollment Date: _____

Ending Enrollment Date: _____

Date of Graduation: _____

Major: _____

If you have documents that must be attached to the transcript please include them with this application.

Number of Copies ____ (Below price is per copy)

- \$5.00 mail (Mailed 24 hours **AFTER** payment)
- \$5.00 Pick Up (Pick up 24 hours **AFTER** payment)
- \$5.00 Fax (Faxed 24 hours **AFTER** payment) **Faxed transcripts are UNOFFICIAL!*
- \$10.00 Pick Up or Fax (Pick Up or Fax in the same day)

Check All That Apply

- Undergraduate (Bachelors)
- Graduate (Masters)
- Hold for Current Term Grades**
- Hold for Posting of Degree**

SEND MY TRANSCRIPT TO:

Fax Number: _____

Check if sending to above address

Send To: _____

Required Signature & Date _____

If this form is faxed to our office at **910-521-6328**, you may include your payment information below, **OR** you can call in your payment information at **910-521-6855 AFTER** faxing the form. If you do make payment by phone, please call back to the Registrar's Office with your receipt information.

CARD NUMBER: _____ EXPIRATION DATE: _____

OFFICE USE ONLY: HOLDS _____ NOTIFIED _____ RECEIPT # _____ DATE SENT OR PICKED UP _____

***This publication is available in alternative formats upon request. Please contact the Accessibility Resource Center, DF Lowry Building, 521-6695.**