



**Student Records and Examinations Office,
First Floor, West Wing, Main Quadrangle,
University College Cork.**

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ACADEMIC TRANSCRIPT REQUEST FORM

Surname: _____ First Name: _____

(As when registered in UCC)

Student Number: _____ Contact Telephone Number: _____

(If known)

Date of Birth: _____ Email : _____

(DD/MM/YYYY)

Course(s) Undertaken: _____

Transcript required for inside Ireland and UK: Yes No

Number of **Hard Copies** required:

PDF Copy required Yes No

Please note that a PDF copy counts as one copy. *

If yes, relevant email address _____

Transcript required in sealed envelope : Yes No

Additional Comments _____

Fee: For a programme of more than 1 year duration: * 1 Copy €10; 2 Copies €15; 5 Copies €25

For a programme of 1 year duration: 1 Copy €5; 2 Copies €10; 5 Copies €20

Card Details

Card No: □□□□ □□□□ □□□□ □□□□ □□□□

Cardholder Name: _____ Exp Date: _____

Please return the signed and completed form with the fee as follows:

By Post:
Student Records and Examinations Office.
Floor 1, West Wing,
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Email Scanned Copy to:

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Postal Address(es) for Transcripts:

You can also arrange to collect your Transcript(s) and you will be notified by email when ready for collection. .

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