

TRANSCRIPT REQUEST FORM

THE UNIVERSITY OF ALABAMA OFFICE OF ACADEMIC RECORDS AND UNIVERSITY REGISTRAR

206 Student Services Center
Box 870134
Tuscaloosa, Alabama 35487-0134
Phone: 205-348-4886
WWW.REGISTRAR.UA.EDU

STUDENT INFORMATION

PRINT FULL NAME: _____
(Last) (First) (Middle) (Maiden)

STUDENT NUMBER: _____ BIRTHDATE: _____

STUDENT'S ADDRESS: _____
Street Address Apt. No.

_____ Phone: _____
City State ZIP Area Code Number

ATTENDANCE

Currently Enrolled Student
Degree(s) Awarded: (List below)

Year First Attended: _____
Year Last Attended: _____
Date Graduated: _____

PAYMENT INFORMATION

- Financial obligations to The University of Alabama **must** be cleared before transcript can be released.
- The transcript fee is \$10.00 each. Optional additional service charges: FAX \$11.00 Overnight \$17.00
- Payment method selected:

Personal check or money order made payable to The University of Alabama.

Credit Card: Visa MasterCard Discover Card

Card Number: _____ Expiration Date: _____

SPECIAL INSTRUCTIONS

Total number of copies requested _____ @ \$10.00 each TOTAL PAYMENT \$ _____

Please check one of the following

- | | |
|--|---|
| <input type="checkbox"/> Will Pick Up | <input type="checkbox"/> Mail Now |
| <input type="checkbox"/> Hold for Current Semester Grades | <input type="checkbox"/> Hold for Degree to be Posted |
| <input type="checkbox"/> Hold for Grade Change (specify below) | <input type="checkbox"/> Other (specify below) |

Course _____

MAIL TRANSCRIPT TO NAME AND ADDRESS BELOW

If transcripts are to be sent to more than one address, please list names and address of recipients on a separate sheet and attach to this form.

Student's Signature

Date