



Urbana University Transcript Request

Office of the Registrar

579 College Way
Urbana, OH 43078

FAX: 937-772-9385 PHONE: 937-772-9335

All information on this form must be completed, including the signature, and the transcript fee of \$8.00 (each) must be received before transcript(s) can be processed. Once we receive the request, normal processing is 2-3 business days. Transcripts cannot be issued if there is a hold on your account. It is *your* responsibility to be sure all "holds" are cleared. To verify there are not holds on your account, please call the Business Office at 937-772-9274. Return completed forms by mail or fax to the Office of the Registrar at the address or fax number above.

Name – please print (include maiden and married name(s) if applicable)

Social Security Number

Date of Birth

Address

City, State, ZIP

Daytime Phone

Under provisions of the Family Educational Rights and Privacy Act of 1974, I authorize the Registrar to release a transcript or transcripts of my academic record to the individual(s) and/or organization(s) stated on this request.

Signature

(must be signed by student)

Date

Please mail my transcripts to the following: (\$8 each)

Attention

Name

Address

City, State, ZIP

If you want a faxed copy in addition to the mailed copy, please provide fax number. An additional \$8 charge is required to fax transcripts. Not all schools accept faxed copies as official.

Please fax my transcripts: (\$8 each)

Please send my:

Undergraduate Transcript

Number of transcripts requested: _____

Masters Transcript

Number of transcripts requested: _____

Select one:

Send immediately

Hold for pickup on: _____

Date & time of pickup

Hold for final grades this term

Hold for degree

Complete one of the following:

Current class year if current student _____

Graduation date if graduate _____

Last year attended if non-graduate _____

Billing Office Information:

Payment method:

Check (payable to Urbana University)

Cash (in-person only; do not mail cash)

Visa MasterCard American Express Discover

For charge card, all information below must be completed.

Daytime Phone, if problem occurs: _____

Name (as it appears on card) _____

Card Number _____

Card Security Code _____

Expiration Date _____

Office Use Only	
Date Processed	_____
Payment Amt	_____
Check #	_____

Signature _____