



Urbana University Transcript Request

Office of the Registrar

579 College Way
Urbana, OH 43078
FAX: 937-484-1222

All information on this form must be completed, including a signature, and the transcript fee of \$8.00 each must be received before transcripts can be processed (*usually 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 937-484-1358 or 484-1329. Return completed forms by mail or fax to the Office of the Registrar at the address or fax number above.

Name (as shown on Transcript) _____
Social Security Number _____
Address _____
City, State, ZIP _____
Daytime Phone _____ Fax _____

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 stated on this request.

Signature _____ Date _____

Please send my transcripts to the following:

Attention _____
Name _____
Address _____
City, State, ZIP _____
Fax _____ An additional \$8 charge is required for faxed transcripts

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 grade 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 **Office of Registrar, Urbana University**)
 Visa Mastercard American Express Discover

For charge card, all information below must be complete.
Daytime Phone, if problems occur: _____

Name (as it appears on card) _____
Card Number _____
Card Security Code _____
Expiration Date _____
Address to send receipt _____
(if different from above)
Signature _____

Office Use Only	
Date Rec'd	_____
Charge Amt	_____
Initials	_____