



TRANSCRIPT REQUEST FORM

A 48 HOUR PROCESSING TIME IS REQUIRED. Documents are available at no charge – limit 5 per request.

Student Name (First, MI, Last) <i>Please Print Clearly</i>	Former Name(s), <i>if any</i>
Complete Student ID Number or Last 4 Digits of SSN	Date of Birth
Current Mailing Address	City, State, Zip County
Current Phone Number	Email Address

Is this a Name, Address, or Phone Number change? No - If yes, please check all that apply.

Indicate the number of copies requested for each item needed. Only the student requesting the transcript will be allowed to pick up the requested documents.

Items requested	Number of copies
Official Transcript	
Unofficial Transcript	
Verification of Enrollment	
Immunization Record	
Test Scores (ACT scores cannot be copied)	

Action to be taken	Check all that apply
Mail Transcript NOW	
Mail After Final Grades	
Will Pick Up Transcript	
Fax Unofficial Transcript	

Mail Transcript/Documents to:

Fax Unofficial Transcript to:

Fax Number: _____

OFFICE USE ONLY	
Date Mailed/Picked Up	
Processed By/Date	
Hold Status	
Non-Process Letter Sent	

Student Signature Required

Date

Note: Your signature gives UACCB permission to release your documents to the specified third party. All transcripts and documents received from other institutions are the property of UACCB and cannot be forwarded to any other institution.

Revised 12/2020