



TRANSCRIPT REQUEST FORM – ELECTRONIC VERSION
OFFICE OF THE REGISTRAR • 601 SOUTH COLLEGE ROAD
WILMINGTON, NORTH CAROLINA 28403-5618
PHONE: 910-962-3125 FAX: 910-962-3887
HTTP://WWW.UNCW.EDU/REG

Cost: \$5.00 per transcript
 Payment may be made in cash, check,
 VISA/MasterCard, or the UNSea Card.
Please make checks payable to UNCW.

Requests are usually processed within two business days.

Cost of the transcript includes all coursework attempted at UNCW (both undergraduate and graduate) and 1st class USPS postage to destination.

Student Information

Full Name: _____ **Student ID #:** _____
Last First Middle

Name Attended Under: _____ **Date of Birth:** ____/____/____
(If different than current name) (MM/DD/YYYY)

Permanent Address: _____ **Phone:** _____
Street 1

_____ **E-mail:** _____
Street 2

_____ **Graduation Year:** _____
City State ZIP

Did you attend UNCW prior to 1985? Yes No Unsure **Approximate dates of attendance:** _____

Request Information to send an Official Electronic version of your Transcripts

_____ **copies of Official Transcripts** Please use a separate request form for each different recipient.

Note: Electronic Versions are not available for students who attended extension centers before 1998, or ANY student who attended prior to 1985.

Check appropriate box: Issued to: _____
 Process immediately Email address of recipient: _____
 Hold for Final Semester grades _____ semester School Name: _____
 Hold for Posting of Degree _____ semester * Some schools prefer electronic version. Please see front desk.
 Specific deadline: _____

Signature Date

Transcripts will not be processed without student's signature and payment. Your cancelled check is your receipt.

Office Use Only

Method of Payment: Cash Check VISA MasterCard UNSea Card	No Holds Hold Hold Cleared: _____
Total Amount: \$ _____	

REG 20-WE (10/09)

Payment Information

Faxed requests MUST have credit card payment information indicated on the form to be processed.

Payment Options: Cash Check VISA MasterCard UNSea Card

<u>For Credit Cards Only</u>	Billing Address:
Card #: _____	Street 1: _____
Expiration Date (MM/YY): ____/____	Street 2: _____
Charge Amount: \$ _____	City, State, ZIP: _____, _____
Cardholder's Signature: _____	Phone: (____) _____