UNIVERSITY OF Cincinnati

Transcript Request Form

REGISTRAR'S OFFICE

University of Cincinnati
PO Box 210060, Cincinnati, OH 45221-0060
www.uc.edu/registrar

Current Name: _____
First Middle Last

Previous Name: _____
First Middle Last

Previous Name: _____
First Middle Last

Student ID # / SSN: _____ Date of Birth: _____

Current E-mail Address: _____ Current Telephone #: _____

Current Mailing Address: _____

_____

Approximate dates of attendance: _____

University of Cincinnati Colleges Attended: _____
University of Cincinnati Degrees Awarded: _____

Send transcript(s) to address below: (please complete a separate form for each recipient):

_____
Address Line 1

_____
Address Line 2

_____
City State Zip

Number of Transcripts to Send to this Recipient: _____ x $6.00 per transcript
Check here if Express Mailing via UPS is requested _____ x an additional $15.00 per address
(Express delivery is limited within the United States; service is not available for delivery to a post office box.)
Issued in a sealed envelope: _____ Yes _____ No

Please include a check or money order for **$6.00 per transcript ordered**, made payable to the University of Cincinnati. Mail this form and payment to**:**

University of Cincinnati
Office of the Registrar – Transcripts
P.O. Box 210060
Cincinnati, Ohio 45221-0060

Please complete form thoroughly and legibly. Allow 5 to 10 working days for processing.

_____ _____
Signature required for release Date