



Transcript Request Form

REGISTRAR'S OFFICE

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

Current Name: _____
(Please print) (First) (Last) (Middle)

Previous Names: _____
(Please print) (First) (Last) (Middle)

Student UCID or SSN: _____ **Date of birth:** _____

Current Daytime Telephone: _____ **Email Address:** _____
(Required) (Required)

Approximate dates of attendance: _____

University of Cincinnati colleges attended: _____

University of Cincinnati degrees awarded: _____

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

Recipient Name: _____

Address: _____

Address: _____

City: _____ State: _____ Zip: _____

Number of transcripts to send to this recipient _____ x \$6.00 per transcript

Check here if Express Mailing is requested: _____ x an additional \$15 per address (provided by UPS)
(Express delivery is limited within the United States; express delivery is not available to a Post Office Box)

If mailing to self: issue in a sealed envelope? _____ Yes _____ No

Please include a check or money order payable to the University of Cincinnati (cash will not be accepted for payment) for \$6.00 per transcript ordered.

Please complete the form thoroughly and legibly. Allow 3 to 5 working days for processing.

Note: Outstanding service blocks will prevent the release of the transcript.

Signature: _____ **Date:** _____
(Signature required for release)

Return this form along with payment to:

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