

## **Transcript Request Form**

Office of the Registrar/Student Records 300 N. Beaty St., Athens AL 35611 Fax: 256-233-8163 Phone 256-233-8165

registrar@athens.edu

All outstanding financial obligations to the University must be satisfied before an official transcript can be issued. Upon receipt, transcript requests are processed within 2 - 3 business days except during extended University holidays. Official transcripts include both undergraduate and graduate work. PLEASE NOTE: Electronic official transcript option is only available through the National Student Clearinghouse and only if the first date of attendance was January 1996 or later.

<u>clearinghouse</u> and only	y ij tile jirst date oj	attenuance was January 1	996 OF Taler.	
Date of Request:				
Student Information	<u>on</u>			
Name (last, first, MI):	:			
Name While Attendir	ng (if different):			
Student ID (if known):SS			equired):	
Date of Birth (require	ed):			
Telephone:		Student or oth	er Email:	
Current Address (Stre	eet, City, State, Zip	):		
Currently Enrolled? Yes No Last year/term enrolled if not currently:				
Recipient Informat	ion (maximum t	wo recipients per forn	<u>ı)</u>	
Recipient #1			Recipient #2	
Transcript Type (Choose one): Official Paper (Mail Only) Unofficial (Mail/Email/Fax)			Transcript Type (Choose on Official Paper (Mail Only)	ne): Unofficial (Mail/Email/Fax)
Send: Now		m Grades	Send: Now	After Current Term Grades After Degree is Awarded

## **Number of Copies: Number of Copies:** Mailing Information: Recipient #1 (required for paper request) Mailing Information: Recipient #2 (required for paper request) **Recipient Name:** Recipient Name: Address: Address: Address: Address: City, State, Zip: City, State, Zip: **Electronic Information: Recipient #1 Electronic Information: Recipient #2** (required for unofficial email/fax request) (required for unofficial email/fax request) Recipient Name: Recipient Name: Recipient Email or Fax: Recipient Email or Fax:

Signature (required to process request):	