



Unofficial Transcript Request

Form must be filled out and signed in blue or black ink. (If scanning back)

Maiden name or name on transcript record _____

Current Address

City State Zip Daytime phone

SSN or Birthdate or Student ID Number

Graduation Year or Dates of Attendance

Reason for Request: Employment Graduate School Transfer Scholarship Study Abroad Self

I authorize Mount Union to release my official transcript as indicated below. I understand that a transcript cannot be released until all financial obligations have been met.

Signature: _____ Date _____

Process transcript: Immediately When grades for current term are posted When degree is posted

There is no charge for an unofficial transcript.

PLEASE CHOOSE A DELIVERY METHOD:

Mailed <input type="checkbox"/> (International Mail Additional Cost) <input type="checkbox"/> E-mailed as PDF EMAIL ADDRESS: _____

U.S. Postal Service Delivery: Please provide COMPLETE Name & Mailing Address of **RECIPIENT**:

Name/Attention:	Name/Attention:
School or Employer:	School or Employer:
Address:	Address:
City/State/Zip:	City/State/Zip:

FOR OFFICE USE ONLY: Total number of transcripts _____
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