



OFFICIAL TRANSCRIPT REQUEST

UTAH VALLEY UNIVERSITY

Records Office

800 West University Parkway, Orem, Utah 84058-5999

NAME _____ UV ID or SSN # _____

_____ First Completed Sem./Qtr. of Attendance _____
Name while attending semester/quarter year

Birthdate _____ Last Completed Sem./Qtr. of Attendance _____
month day year semester/quarter year

Current Address _____
Street City State Zip

Contact Phone Number _____

_____ Today's Date _____ Check if currently enrolled
Student's Signature

No. of Copies _____ @ \$5.00 each = \$ _____

PICK-UP- _____ copies

MAIL - _____ copies
_____ Mail Immediately
_____ Mail after-current grades are available
_____ Mail after degree posted _____
degree major
_____ Other (specify) _____

Transcripts are \$5.00 each payable in advance.
Make check payable to:
UTAH VALLEY UNIVERSITY
If your record has been encumbered by financial indebtedness to the University, no transcript can be issued until the encumbrance has been cleared.

PLEASE USE SEPARATE FORMS FOR EACH MAILING ADDRESS

<input type="checkbox"/> Regular Mail (\$5.00) <input type="checkbox"/> Fax (\$5.00) <input type="checkbox"/> Overnight (\$15.50 overnight fee plus \$5.00 transcript fee)	MAIL TO: PLEASE PRINT PLAINLY FOR MAILING

	FAX NUMBER _____ ZIP _____

FOR OFFICE USE ONLY			
Amount Paid	Clearance	Clerk Initial	Date Mailed

Transcripts requested to be overnighted have to be received and paid for by 12:00 p.m. the day the transcript is to be sent. Please include a Street Address for all overnight transcript requests. Fed-Ex will not deliver to a PO Box.