



OFFICIAL TRANSCRIPT REQUEST

UTAH VALLEY UNIVERSITY

Records Office

800 West University Parkway, Orem, Utah 84058-5999

NAME _____ UV ID or SSN # _____

Current Address _____ Contact Phone Number _____

_____ 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

X _____ Today's Date _____ Check if currently enrolled

Student's Signature

PICK-UP- _____ copies

No. of Copies _____ @ \$2.00 each = \$ _____

MAIL - _____ copies

_____ Mail Immediately

_____ Mail after-current grades are available

_____ Mail after degree posted _____
degree major

_____ Other (specify) _____

PLEASE USE SEPARATE FORMS FOR EACH MAILING ADDRESS

MAILING NAME AND ADDRESS:
PLEASE PRINT PLAINLY FOR MAILING

ZIP _____

Transcripts are \$2.00 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.

FOR OFFICE USE ONLY

Amount Paid	Clearance	Clerk Initial	Date Mailed