

The University of Montana Western

Printable - TRANSCRIPT REQUEST FORM

NOTE: Transcript request services will be denied to individuals with outstanding obligations to the University.

INSTRUCTIONS: Please print legibly, **answer ALL questions** and provide all information requested---incorrect or incomplete information may result in delays or additional cost. Sign and date this form and include payment info before returning it to: UMW Registrar's Office, 710 South Atlantic, Dillon, MT 59725-3598, or faxing it to: (406) 683-7493. If your name has change, be sure to include all/any former/previous names. Requests for "partial" transcripts will not be honored; UMW transcripts show all academic work (excluding non-credit courses) completed at Western plus summary data for all transfer work for which the individual has provided official transcripts.

Name - _____
(Last Name) (First Name) (Middle/Maiden/Your Other Names you've used)

ID or SSN - _____ / _____ / _____ **Birth date -** _____ **Phone Number -** _____
(MM/DD/YY) (Include Area Code)

Mailing Address - _____
(Street Address or PO Box) (City) (State) (Zip Code)

Approximate Dates of Attendance at Western – (from) _____ **(to)** _____ **Highest Degree Earned:** _____
(Month & Year) (Month & Year)

X - Signature - _____ **Today's Date -** _____

-----TRANSCRIPT REQUEST INFORMATION-----

NUMBER of TRANSCRIPTS NEEDED: _____

Transcripts cost \$3 each (US postal delivery, make checks payable to "UM Western"); there are additional charges for rush service, faxing, overnight mail etc (include credit card information when making requests for special services). Please indicate/check the type of service(s) you are requesting by checking the appropriate place below; note cost/charges information below.

- Basic Transcript Service (mailed via US Post Office)
 Basic Transcript Service – I will pick up (ID required)
 HOLD transcript(s) until current term grades are posted to my academic record; list term & year - _____
 HOLD transcript(s) until degree information is posted to my academic record; list term & year of graduation - _____
 HOLD transcript(s) until a change of grade is made, list: term/yr - _____ Course Info - _____ Instructor - _____
- ***All Faxes must include mailing address(s) below, failure to do so will result in processing delays*****
 Fax** my (unofficial) transcript as time permits (NO rush) to (list fax number and attention person, include area code) _____
 Rush* ** Fax** my transcript (unofficial) to (list fax number, include area code): _____
 Rush* ** Overnight or two day mail !** (provide complete address information below)
Please indicate mailing options Federal Express Priority Mail Express Mail
 Rush*** Mail (provide complete address information below)
 Rush* ** I will pick up (ID required); give date and approximate time: _____

*Same day service if requests received by 10AM, M-F except holidays

**Charges per request form: Basic Service \$3/transcript, plus: Rush Service = \$10/request, Fax charges = \$1/page, Overnight or two-Day mail = going \$rate\$, etc

***Individuals applying for admission to a unit of the Montana University System ask UMW Registrar's Office personnel about the "Single Admissions File" policy (\$8/request)

SEND TRANSCRIPT(s) TO (please print complete address in the space below*...BE VERY SPECIFIC):

*If you are requesting more than one transcript and the transcripts go to different address, please be sure to list other (complete) addresses on the back of this form.

_____ Name (person or office/department to whom transcript is to be sent)
_____ Organization*
_____ Street Address or PO Box
_____ City / State / Zip Code

- Check or "X" if you want UMW Registrar's Office personnel to audit your records for General Education core completion (these audits are completed only if transcripts are sent to a unit of the Montana University System); FYI - this may delay processing of your transcript request.

PAYMENT OPTIONS: Please check appropriate payment option below. (Important: UM Western does not accept American Express credit cards. Providing incorrect or incomplete information may result in delays in processing your transcript request, etc.)

Cash

Person Check/ Money Order (payable to: UM Western)

Debit/Credit Card: Type of card: _____ Expiration Date: _____

Card Number: _____ Cardholder's Name: _____

Office Use Only _____ Date Received _____ Date Sent _____ Charges _____ Staff Initials