

TRANSCRIPT REQUEST

Personal Information (Required): Please Print

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____

Attended prior to 2000? Yes No

Date of Birth: _____

PLEASE SELECT ONE IDENTIFIER
Student ID # _____
SSN # _____

Name(s) under which you enrolled (if different than above): _____

Check one:

- Please mail
- I will pick up
- Please HOLD until final grades are posted
- Please HOLD until Degree is posted

Signature (Required): _____ Date: _____

Attention: IF YOU OWE Helena College University of Montana fees, fines or other charges, you will not be permitted to receive a transcript until the balance has been paid in full.

<p>Transcript Mailing Address (if different than above): Name: _____ Address: _____ City: _____ State: _____ Zip: _____</p>
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Fees: \$3 per transcript (3-5 days processing) **or** \$10 expedited processing (within 24hrs)

Method of Payment: Cash Check
 Credit Card: VISA or MC

NUMBER OF COPIES _____

DATE PROCESSED: _____ INITIALS: _____

*****CREDIT CARD information will be DESTROYED upon completion of the transaction*****

Card Number:

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Expiration Date:

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V-Code:

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