



**TRANSCRIPT REQUEST**

**Personal Information (Required): Please Print**

Name: \_\_\_\_\_

Attended prior to 2000?     Yes     No

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

<b>PLEASE SELECT ONE IDENTIFIER</b>
Student ID # _____
SSN # _____

Phone: \_\_\_\_\_

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.**

<b>Transcript Mailing Address (if different than above):</b>
Name: _____
Address: _____
City: _____ State: _____ Zip: _____

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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