HELENA COLLEGE
UNIVERSITY OF MONTANA

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:** _____

Transcript Mailing Address (if different than above):

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Fees: ☐ $3 per transcript (3-5 days processing) ***or*** ☐ $10 expedited processing (within 24hrs)

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Credit Card: VISA ☐ ***or*** MC ☐

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