



# Transcript Request Form

**Instructions:** Complete this form with all applicable information. If you have any type of hold on your records, your transcript will not be issued. Additional costs may apply for transcripts sent UPS international. If you are picking your transcript up in person, you must show a picture identification card.

**Official Transcript Fees (per copy):**

Regular Pick Up or US Mail: \$15

Instant Pickup: \$20

UPS Domestic: \$40 (first transcript is \$40, additional transcripts to same address are \$20)

UPS International: \$50 (first transcript is \$50, additional transcripts to same address are \$20)

**Student Contact Information:**

Last Name _____	First Name _____
UNI ID _____	Social Security # (optional) _____
Phone Number ( ) _____	Email Address _____
Street Address _____	
_____	
City _____	State _____ ZIP _____ Country _____
Date of Birth _____	Previous Last Name(s) _____

**Transcript Instructions:**

Send \_\_\_\_\_ transcripts to the following address (include person and department):

\_\_\_\_\_

Institution or company

\_\_\_\_\_

Person and/or Department

\_\_\_\_\_

Street Address (If sent UPS, cannot send to a Post Office Box)

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Please check below for any special requests/handling:

Instant Pickup

Pick up after 10:00 AM the next business day

Attach enclosures

Hold for current semester grades

Hold until degree is recorded

Send overnight UPS (available if submitted before 9:30 AM): \_\_\_\_\_

Phone Number of UPS Package receiver: ( ) \_\_\_\_\_

FAX: ( ) \_\_\_\_\_

**Special Instructions:**

By signing this document, I authorize the University of Northern Iowa to release my transcript to the Saudi Arabian Cultural Mission at the end of every semester I am enrolled at the University.

Student Signature (required): \_\_\_\_\_ Date: \_\_\_\_\_

**For Office Use Only:**

Pickup: \_\_\_\_\_ Faxed: \_\_\_\_\_ Mailed: \_\_\_\_\_ EDI: \_\_\_\_\_ Payment Received: \$ \_\_\_\_\_

Payment Received by (staff initials): \_\_\_\_\_ Date: \_\_\_\_\_ Payment Type:  Check  Cash Receipt #: \_\_\_\_\_

Bill Student: \$ \_\_\_\_\_  Money Order

University of Northern Iowa Office of the Registrar 115 Gilchrist Hall, Cedar Falls, Iowa 50614-0006  
FAX: 319/273-6792 Please call 319/273-2241 if you have questions.