UNIVERSITY OF NORTHERN IOWA TRANSCRIPT REQUEST FORM

EFFECTIVE JULY 1, 2007: **$12.00** for each copy requested **$14.00** for each **PRIORITY** copy requested (**PRIORITY** in processing/mailing out)

_____ # of COPIES UNI ID# (If known) _____ TODAY'S DATE _____

MAKE CHECKS PAYABLE TO: **UNIVERSITY OF NORTHERN IOWA**

Do you wish to have your transcript held for one of the following reasons? **Current Semester Grades?** ☐ **Degree?** ☐

If transcript is held to wait for grades or degree not in, or an Incomplete or Research Continued is listed on your transcript for the current semester, **CIRCLE** the amount of time – **(30 days, 60 days, or 90 days)** -- that you want us to wait for these grade items to come in before we send your transcript.

STUDENT INFORMATION

Name (Print) _____
Last First Middle Maiden

Signature _____ Telephone ( ) _____

Birthdate _____ Social Security Number (Optional) _____ Are you currently enrolled at UNI? _____
mm/dd/yyyy

Current Address (for billing purposes): _____ Current Email Address:

_____ _____

1. Send _____ copies to: "Current Address": as listed above. Select one: ____ Transcript stamped "Issued to Student"
____ Transcript in Officially Sealed Envelope

*****For the following requests, check if you wish PRIORITY ($14 fee--PRIORITY in processing & mailing out); or Overnight Mail ($20 additional fee). Note: All Overnight Mail requests must include a street mailing address. No Overnight Mail is delivered to Post Office box numbers.*****

++If you request a FAX copy (additional $7 fee): Provide agency's FAX number and mailing address. We are required to mail a follow-up transcript copy to the agency to which a transcript was FAXED. Transcript will not be FAXED unless an address is provided.

2. Send _____ copies to: _____
Name
OR
++Send & Fax _____ copies to: _____
Address
Priority? _____ _____
City, State, Zip
Overnight Mail? _____ **(Provide Fax # ONLY if requesting Fax service) FAX #:** _____

3. Send _____ copies to: _____
Name
OR
++Send & Fax _____ copies to: _____
Address
Priority? _____ _____
City, State, Zip
Overnight Mail? _____ **(Provide Fax # ONLY if requesting Fax service) FAX #:** _____

4. Send _____ copies to: _____
Name
OR
++Send & Fax _____ copies to: _____
Address
Priority? _____ _____
City, State, Zip
Overnight Mail? _____ **(Provide Fax # ONLY if requesting Fax service) FAX #:** _____

DO NOT FILL IN BELOW THIS LINE: FOR OFFICE USE ONLY

Billing:	**Transcript Order: (Enter QUANTITY for each.)**	**Hold for:**	**Student Paid: (Check either cash or check. Enter receipt or check #.)**
Bill Student:	Regular ($12.00) _____	Grades _____	Cash _____ Receipt #: _____
$ _____	Priority ($14.00) _____	Degree _____	Check _____ Check #: _____
	Additional Fees for:		**Paid** $ _____
	Fax ($7.00) _____ Overnight Mail ($20.00) _____		
	Total QUANTITY _____ **Total COST** $ _____		

Faxed: _____ Picked Up: _____ Mailed: _____

Office of the Registrar Club 91-Maucker Union Cedar Falls, Iowa 50614-0006 FAX 319-273-6792. Call 319-273-2241 if questions.

Chapter 22 Code of Iowa: This information is requested to process your transcript request. Only directory information may be released to third parties. All items are required, unless noted as optional, and therefore incomplete forms may not be processed.