THE UNIVERSITY OF MONTANA TRANSCRIPT REQUEST PRESS DOWN – USE BALL POINT PEN **PLEASE CHECK APPROPRIATE BOXES BELOW:**

Name: (Please Print) _____
Last First Middle/Maiden

Name used at U of M or previous names _____

Student I.D. No. __ __ __–__ __–__ __ __ __ Birthdate _____

Signature: _____

Number of Copies _____ ☐ Official ($3.00 each. Submit payment with request.)

Number of Copies _____ ☐ Check here for us to mail a free copy for a scholarship application.

Number of Copies _____ ☐ Unofficial (No charge.)

Telephone _____ E-mail address _____

Student's Name and Current Mailing Address: _____

Date _____

SPECIAL HANDLING (Check any that apply)

☐ Express – United States – $25.00
☐ Express – Canada/Mexico – $35.00
☐ Express – International – $50.00
☐ Fax (unofficial only) – $15.00

Written permission must be received before a transcript is released.
Transcripts are not released if a student has an unpaid debt to the University.

If mailing: Student is responsible for complete and legible address in rectangle for insertion into window mailing envelope.

Send Transcript to:

This Is Notification That Your Transcript Was Sent.

1. Transcripts to be:
☐ Mailed ☐ Picked up (transcripts held for 30 days)

2. Transcripts to be prepared:
☐ Now
☐ After _____ term grades are recorded
☐ After degree is recorded
☐ After removal of incomplete for

_____
course term year

☐ After grade is changed for

_____
course term year

☐ After transfer work is recorded

_____
INSTITUTION NAME

3. Enrollment Information (Answer Both)
First term enrolled

_____
quarter or semester year

Most recent term enrolled (include present)

_____
quarter or semester year

FOR OFFICE USE

Express – United States – $25.00 _____
Express – Canada/Mexico – $35.00 _____
Express – International – $50.00 _____
Fax (unofficial only) – $15.00 _____
Official Transcripts $3.00 each x ___ = _____
Amount Received: $ _____
Charge for Previous Transcripts $_____
BALANCE: $ _____ Your transcript has been sent. This amount must be received before future transcript requests will be processed. PLEASE RETURN THIS PAGE WITH YOUR PAYMENT IN THE ENCLOSED ENVELOPE.
ID # _____
Credit: $ _____ THIS AMOUNT IS CREDITED TO YOUR ACCOUNT FOR FUTURE TRANSCRIPT REQUESTS.
Transcript made: _____

REGISTRAR/Lommasson Center 201
THE UNIVERSITY OF MONTANA
MISSOULA, MT 59812