

Transcript Request Form

Mail: UNC at Pembroke
Office of the Registrar
P.O. Box 1510
Pembroke, NC, 28372

OR: Fax: 910-521-6328

UNCP ID	8	4	0						
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Student/Alumni Information			
Last Name	First Name	Middle Initials	Suffix (Jr., II., etc.)
Previously used name at UNCP, if different			
Date of Birth	Home or Cell #	Email	
Street Address or PO Box			
City	State	Zip Code	
Date of First Attendance at UNCP		Date of Last Attendance at UNCP (if you are <u>not</u> a current student.)	

Transcript Processing Options	Check all that Apply		
<input type="checkbox"/> \$10.00 mail (processed and sent out within 24 hours AFTER payment.) <input type="checkbox"/> \$10.00 Pick Up (Pick up after 24 hours AFTER payment.)	<input checked="" type="checkbox"/> Undergraduate (Bachelors) <input type="checkbox"/> Graduate (Masters) <p style="color: red;"><u>Delay Processing Until:</u></p> <input checked="" type="checkbox"/> Hold for Current Term Grades <input type="checkbox"/> *Hold for Posting of Degree		
<table border="1"> <tr> <td>Number of Copies</td> <td>1</td> </tr> </table>	Number of Copies	1	<p style="color: red;">*Please allow an additional 4 weeks after the end of the semester.</p>
Number of Copies	1		

Transcript Sending Options	
Fax	Mail
Name of Recipient/Organization	
Fax Number	Full Address
	Global Engagement
Send to Above Address?	

Required Signature	Date
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If this form is faxed to our office, you may include your payment information below, OR you must call in payment after faxing the form.

Card Number	Expiration Date
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OFFICE USE ONLY					
Holds	Payment Issues	Notified	Receipt #	Print. by (initials)	