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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 not a current student.)** | | |

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| **Transcript Processing Options** | | | **Check all that Apply** | | |
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|  | $10.00 mail (processed and sent out within 24 hours AFTER payment.) | |  |  | Undergraduate (Bachelors) | |
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|  | $10.00 Pick Up (Pick up after 24 hours AFTER payment.) | |  |  | Graduate (Masters) | |
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|  |  | |  |  | **Delay Processing Until:** | |
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|  |  | |  |  | Hold for Current Term Grades | |
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|  |  | |  |  | \*Hold for Posting of Degree | |
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| **Number of Copies** | |  | **\*Please allow an additional 4 weeks after the end of the semester.** | | |

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

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| **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) |  |