



TRANSCRIPT REQUEST FORM – PAPER VERSION
 OFFICE OF THE REGISTRAR • 601 SOUTH COLLEGE ROAD
 WILMINGTON, NORTH CAROLINA 28403-5618
 PHONE: 910-962-3125 FAX: 910-962-3887
 HTTP://WWW.UNCW.EDU/REG

Cost: \$5.00 per transcript
 Payment may be made in cash, check,
 VISA/MasterCard, or the UNSea Card.
Please make checks payable to UNCW.

Requests are usually processed within two business days.

Cost of the transcript includes all coursework attempted at UNCW (both undergraduate and graduate) and 1st class USPS postage to destination.

Student Information

Full Name: _____ **Student ID #:** _____
Last First Middle

Name Attended Under: _____ **Date of Birth:** ____/____/____
(If different than current name) (MM/DD/YYYY)

Permanent Address: _____ **Phone:** _____
Street 1
 _____ **E-mail:** _____
Street 2
 _____ **Graduation Year:** _____
City State ZIP

Did you attend UNCW prior to 1985? Yes No Unsure **Approximate dates of attendance:** _____

Request Information for Immediate Pick up of Transcripts OR Regular Postal Mail

_____ **copies of Official Paper Transcripts**
 Note: Unofficial transcripts are available on SeaNet at
 NO CHARGE for current and inactive students attending
 after 1985.

Please use a separate request form for each different mailing address.

Check one box:

PICKUP
 MAIL TO:

Check appropriate box:

Process immediately
 Hold for Final Semester grades _____ semester
 Hold for Posting of Degree _____ semester
 Specific deadline: _____

Name or Office

Street 1

Street 2

City State ZIP

Signature **Date**

Transcripts will not be processed without student's signature and payment. Your cancelled check is your receipt.

Office Use Only

Method of Payment: Cash Check VISA MasterCard UNSea Card	No Holds Hold Hold Cleared: _____
Total Amount: \$ _____	

REG 20-WP (10/09)

Payment Information

Faxed requests MUST have credit card payment information indicated on the form to be processed.

Payment Options: Cash Check VISA MasterCard UNSea Card

For Credit Cards Only	Billing Address:
Card #: _____	Street 1: _____
Expiration Date (MM/YY): ____/____	Street 2: _____
Charge Amount: \$ _____	City, State, ZIP: _____
Cardholder's Signature: _____	Phone: (____) _____