

# Upper Iowa University Transcript Request

Please complete this form in its entirety  
and submit with payment to:

**Registrar's Office  
PO Box 1857  
Fayette IA 52142**

FOR OFFICE USE ONLY	
ID #	_____
Location	_____
Date Received	_____
Date Cleared	_____
Date Sent Out	_____
Amount Paid	_____

Current Name \_\_\_\_\_ SSN \_\_\_\_\_  
Last Name First Name M.I.

Please list all possible names under which your file may be found \_\_\_\_\_

Please send transcript to the following  
address or fax number. Indicate if it  
needs to go to a specific **office** or **person**.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please send transcript to the following  
address or fax number. Indicate if it  
needs to go to a specific **office** or **person**.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Mail - \$8 \_\_\_\_\_ Fax - \$10 \_\_\_\_\_ Mail - \$8 \_\_\_\_\_ Fax - \$10

*Note: Some institutions do not consider faxed transcripts "Official".*

Your Current Address: \_\_\_\_\_  
\_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Graduation from UIU: \_\_\_\_\_  
Month Day Year

Dates of Attendance at UIU: \_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_  
Semester Year Semester Year

Desired Action:  Send transcript as is  
 Hold until current term grades are posted  
 Hold until degree statement is on record

Daytime phone number: \_\_\_\_\_ Email Address: \_\_\_\_\_

UIU transcripts contain all course work completed at the University. **ISSUED TO STUDENT** will appear on all transcripts handled by the student. Transcripts will not be furnished for any applicant whose financial obligations to the University have not been satisfied.

\_\_\_\_\_  
Legal Signature Authorizing Release of Transcripts Date