



Academic Center
Union University
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REQUEST FOR OFFICIAL TRANSCRIPT

TRANSCRIPT FOR _____ UNDERGRAD CREDIT _____ GRADUATE CREDIT (Master's/Doctoral level)

_____ MAIL NOW TO ADDRESS BELOW
(\$3.00 PER COPY)

_____ PICK UP TRANSCRIPT ON _____
(\$5.00 PER COPY) Date

_____ FAXED
(\$5.00 PER COPY)

_____ **CURRENT STUDENT:**

_____ MAIL AFTER FINAL GRADES POSTED Semester ending _____

_____ MAIL AFTER DEGREE POSTED Graduation semester _____

_____ **FORMER STUDENT:**

Last year attended _____

STUDENT ID # _____

S.S. # _____

FULL LEGAL NAME _____
LAST FIRST MIDDLE/MAIDEN

PRINT FORMER NAME(S) IF DIFFERENT THAN CURRENT NAME -- (NOT LISTING ALL POSSIBLE NAMES COULD
RESULT IN THE DELAY OF PROCESSING YOUR REQUEST IN A TIMELY MANNER)

***Pre-payment required - (Cash, Check- made payable to Union University, Money Order) or

Credit card number: _____ Expiration date: _____ Security Code _____

***Contact address required: Home or Cell Phone # _____

EMAIL OR STREET CITY STATE ZIP

TRANSCRIPTS ARE PROCESSED AS RAPIDLY AS POSSIBLE AND ARE USUALLY
HONORED WITHIN 3 WORKING DAYS OF REQUEST. TWO WEEKS SHOULD BE ALLOWED
FOR A REQUEST MADE AT THE END OF THE SEMESTER.

I UNDERSTAND THAT TRANSCRIPTS WILL NOT BE ISSUED UNTIL ALL FINANCIAL OBLIGATIONS ARE CLEARED.

SIGNATURE: _____

DATE: _____

MAIL TO:

FAX TO: NAME _____

NAME OF RECIPIENT _____

STREET _____

CITY/STATE/ZIP _____

NUMBER OF COPIES REQUESTED _____

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