



TRANSCRIPT ORDER FORM

1. Print, complete and sign form and submit to the Office of the Registrar in person, by fax, or by mail.
2. Include \$7.00 per transcript (Check, UNC One Card, Visa, Mastercard). **CASH WILL NOT BE ACCEPTED.**
3. For FedEx® Overnight Delivery, the additional cost **per address** is \$15.00 for Domestic Delivery & \$30.00 for International Delivery
Please note: Street Address required for FedEx Delivery (cannot use P.O. box).
4. Requests will not be processed for students with an outstanding balance or unfulfilled obligation to the University.

PLEASE PRINT CLEARLY PID#: _____ Date of Birth: _____ Today's Date: _____

Last Name: _____ First: _____ Middle: _____ Maiden / Previous: _____

Street: _____ City: _____ State: _____ Zip: _____

Country: _____ **Name used while enrolled at UNC:** Last _____ First _____ Middle _____
(if outside USA)

Email: _____ **REQUIRED** Phone #: _____ **REQUIRED** Signature: _____
Your signature authorizes UNC-Chapel Hill to release your transcript(s) as requested.

SPECIAL DIRECTIONS:

- Hold until current semester grades are posted
- Hold until degree is posted *Expected graduation date:* _____

- Mail to Student in Sealed Envelope
- Give to Student in Sealed Envelope
- Issue to Student Unsealed
- Issue to Organization

PAYMENT: (Note: \$7.00 fee will be waived for UNC-CH transcripts sent to UNC-CH Graduate or Professional Schools) **Extended Amount:**

	Number:	Cost:	Extended Amount:
1. Total Transcripts Ordered:	<input type="text"/>	<input type="text"/> x \$7.00	= <input type="text"/>
Additional Delivery Charges per Address:			
Select Payment Method:	2. <input type="text"/> FedEx® Expedited Delivery – Domestic	<input type="text"/> x \$15.00	= <input type="text"/>
	<input type="text"/> FedEx® Expedited Delivery - International	<input type="text"/> x \$30.00	= <input type="text"/>

Check Enclosed (Make payable to UNC-CH) **Total Amount Due: \$**

UNC One Card - (Payment by this method may only be made in person)

Visa **Credit Card#** - - - **Exp Date:** _____

Mastercard

Note: Exact Mailing Address Required ~ More addresses may be added to the back of this form ~ **Cannot use P.O. box for FedEx Deliveries**

Please mail _____ copies to:

Please mail _____ copies to:

Office Use Only: Format:	Number:	Cost per Item:	Extended Amount:
	Transcripts	<input type="text"/> x \$7.00	= <input type="text"/> \$
# of EO _____	FedEx® Expedited Delivery – Domestic	<input type="text"/> x \$15.00	= <input type="text"/> \$
# of EU: _____	FedEx® Expedited Delivery - International	<input type="text"/> x \$30.00	= <input type="text"/> \$

of IN: _____ **Type of Payment:** _____ **Initials:** _____ **Date:** _____ **Total Paid: \$** _____