TRANSCRIPT/ LETTER REQUEST FORM

Please complete <u>one request form per transcript/letter copy needed</u>

Please pay when you submit this form
Form can be emailed to admissions@ucdh.edu or faxed to 801-224-5437

In accordance with federal law records cannot be released without the written consent of the student

Name: _____ Phone #_____ Date Requested: _____

Graduation Date: _____Month: _____Year:_____Email:_____

Student Number_____ Last four digits of Soc. Security #_____ Birthdate____/_____/_____
Address:_____ City:_____ State:_____ Zip:_____

Signature:_____ Previous Name:_____
*By signing, the student acknowledges to reading the form in its entirety &understands what is required to fulfill this request

☐ **Unofficial Transcript** ☐ **Official Transcript** ☐ **Unofficial Letter** ☐ **Official Letter**

Select one choice below:

☐ **Faxed or Emailed** (to number/address below-$15.00)

☐ **Mailed** (to address below-$15.00)

☐ **Sealed** envelope (for you to pick up in the Admissions Office-$15.00)

If transcript/letter is to be faxed, please keep in mind that this is an **unofficial** transcript.

Fax Number OR Email Address: _____

Attention to: _____

If **official** transcript/letter is to be mailed, please fill in the information below:

Attention to: _____

Address: _____
_____
_____

***Incomplete or Unsigned Forms will not be processed**
***Requests will be processed within 10 business days of receipt**

Special Instructions/Requests:

For Office Use ONLY			
Amount due	**$**	☐ **cash**	**Date Transcript/ Letter Processed**
Amount paid	**$**	☐ **check**	**Date:**
Date Received:		☐ **credit card**	**By:**