

**TRANSCRIPT REQUEST**

OFFICE OF THE REGISTRAR

ONESTOP STUDENT SERVICES, 253 UNIVERSITY HALL CPO #1370,  
ONE UNIVERSITY HEIGHTS, ASHEVILLE NC 28804

*There is no charge for transcripts.*

UNCA ID#	Printed Name while enrolled ( <i>first, middle, last</i> )
Date of Request	Full Legal Signature (REQUIRED)

***You must present a picture ID at time of pickup.***

***Transcripts not picked up within 60 days of request will be shredded.***

- I will pick up \_\_\_\_\_ copies of my transcript on \_\_\_\_\_.
- Mail \_\_\_\_\_ copies of my transcript to the address printed below immediately.
- Hold for Current Semester Grades - Pick up \_\_\_\_\_ copies  
OR Mail \_\_\_\_\_ copies to address below

**Mail transcript to:**


Please print plainly. Complete one form for each recipient. Allow 5-7 working days for processing.

**Please mail the completed request to the address indicated. Faxed or e-mailed requests will not be accepted. Transcripts cannot be faxed to the recipient. If you request multiple copies, they will be placed in separate, officially sealed envelopes.**

Are you currently enrolled?  Yes  No  
If no, what semester and year were you last enrolled?

Semester \_\_\_\_\_ Year \_\_\_\_\_

What was your first term at UNCA? \_\_\_\_\_

Current Address:

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

Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

*Office Use Only*

Date Received: \_\_\_\_\_ By: \_\_\_\_\_

Date Entered: \_\_\_\_\_ By: \_\_\_\_\_

Date Completed: \_\_\_\_\_ By: \_\_\_\_\_

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