

University of Idaho

Office of the Registrar
875 Perimeter Dr MS 4260
Moscow, ID 83844-4260
Phone: (208) 885-6731
Fax: (208) 885-9061

TRANSCRIPT REQUEST FORM

STUDENT'S
NAME
AND
ADDRESS

SELECT ONE OPTION

- ☐ **MAIL NOW**
- ☐ Hold for **PICKUP** on _____
- ☐ Mail after my **GRADES** are posted for : ☐ Fall ☐ Spring ☐ Summer**
**list Summer class(es) _____
- ☐ Mail after my _____ **DEGREE** is posted
- ☐ Mail after my **ISI / CORRESPONDENCE** course is posted:
course number/title _____

SEND TRANSCRIPTS TO

☐ OFFICIAL ☐ UNOFFICIAL NUMBER OF TRANSCRIPT(S): _____

RECIPIENT: _____

ADDRESS: _____

☐ **FAX*** to: _____ (include mailing address)
(FAX NUMBER)

☐ OFFICIAL ☐ UNOFFICIAL NUMBER OF TRANSCRIPT(S): _____

RECIPIENT: _____

ADDRESS: _____

☐ **FAX*** to: _____ (include mailing address)
(FAX NUMBER)

☐ OFFICIAL ☐ UNOFFICIAL NUMBER OF TRANSCRIPT(S): _____

RECIPIENT: _____

ADDRESS: _____

☐ **FAX*** to: _____ (include mailing address)
(FAX NUMBER)

Note: Transcripts will be released only when all financial obligations to the University are met.

Date _____

ID# (if known) _____

Birth date _____

Phone # _____

☐ Currently Registered **OR**

Yrs attended from _____ to _____

Other names _____

Due to the Family Educational Rights and Privacy Act of 1974, student signature is required for release of transcripts.

STUDENT SIGNATURE:

X _____

PERSONAL SIGNATURE REQUIRED

FEES

STANDARD TRANSCRIPT FEES
\$7 per OFFICIAL transcript
\$5 per UNOFFICIAL transcript
(price includes 1st class mailing)

OPTIONAL SPECIAL HANDLING FEES (IN ADDITION TO TRANSCRIPT FEES)

- ☐ IMMEDIATE Service -- **\$12**
- ☐ FedEx -- **\$25** (US addr; no PO Boxes)
- ☐ Priority Mail -- **\$10** (US addresses)
- ☐ Fax Request* -- **\$6** per transcript
*Faxed transcripts are **NOT** official.
Requests for official transcripts are followed-up with a hard copy to the same address as the recipient/fax number.

FOR PAYMENT OF THIS REQUEST:

- ☐ My personal check is enclosed
- ☐ Charge my credit card:
☐ Visa
☐ Master Card
☐ Discover

Card # _____

Verification Code (3 or 4 digit on back): _____

Exp Date _____

MAIL OR FAX THIS REQUEST TO:

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