

FIRST NAME MIDDLE NAME LAST NAME DATE OF BIRTH STUDENT ID

OTHER NAME(S) CONTACT EMAIL

ADDRESS CITY STATE ZIP CONTACT PHONE



STUDENT PERSONAL SIGNATURE REQUIRED FOR RELEASE OF TRANSCRIPT

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MAIL OR FAX ORDER FORM TO:

UNIVERSITY OF IDAHO
REGISTRAR'S OFFICE
875 PERIMETER DR MS 4260
MOSCOW, ID 83844-4260

SECURE FAX: 208-885-9061

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