

TRANSCRIPT ORDER FORM

FIRST NAME MIDDLE NAME LAST NAME STUDENT ID

FORMER NAME(S) DATE OF BIRTH

CURRENTLY ENROLLED? [] Yes [] No; LAST ATTENDED

EMAIL ADDRESS



STUDENT PERSONAL SIGNATURE REQUIRED FOR RELEASE OF TRANSCRIPT

CONTACT PHONE NUMBER

[] MAIL NOW OR WAIT FOR: [] SEMESTER GRADES [] DEGREE
[] HOLD FOR PICKUP

OPTIONAL SERVICE(S) [] IMMEDIATE PROCESSING - \$12 [] FEDEX MAILING - \$25 US/\$50 INTL

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[] CHECK/MONEY ORDER ENCLOSED [] VISA [] MASTERCARD [] DISCOVER

CARD NUMBER:

CVV CODE: EXP DATE:

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OFFICE USE ONLY
CASHIER VERIFICATION

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STANDARD FEES

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OPTIONAL SERVICE FEES

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\$25 FEDEX/US

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MAIL OR FAX ORDER TO:

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

SECURE FAX: 208-885-9061

***ORDERS CANNOT BE ACCEPTED VIA EMAIL DUE TO
PAYMENT CARD INDUSTRY (PCI) REGULATIONS