

## **TRANSCRIPT REQUEST**

Personal Information ( <u>Required</u> ): Please Print	
Name:	Attended prior to 2000? ☐ Yes ☐ No  Date of Birth:
Address:	Date of Birth:
City: State: Zip:	PLEASE SELECT ONE IDENTIFIER  Student ID #
Phone:	SSN #
Name(s) under which you enrolled (if different than above):	
Check one:  Please mail  I will pick up  Please HOLD until final grades are posted  Please HOLD until Degree is posted	
Signature ( <u>Required</u> ):	Date:
Attention: IF YOU OWE Helena College University of Montana fees, fines or other charges, you will not be permitted to receive a transcript until the balance has been paid in full.  Transcript Mailing Address (if different than above):	
Address:	
City: State:	Zip:
Fees: ☐ \$3 per transcript (3-5 days processing) <u>or</u>	☐ \$10 expedited processing (within 24hrs)
Method of Payment: Cash ☐ Check ☐ Credit Card: VISA ☐ or MC ☐	NUMBER OF COPIES
eredicedid. VISA D <u>or</u> IVIC D	DATE PROCESSED:INITIALS:
***CREDIT CARD information will be DESTROYED upon completion of the transaction***	
Card Number:	
Surjustion Date:	
Expiration Date: V-Code:	