

Union Institute & University

440 E. McMillan Street, Cincinnati, Ohio 45206-1925 -- 513.861.6400 -- 800.486.3116 -- FAX 513.487.1075

Transcript Request Form

Please complete and return to the Office of the Registrar. Payment must accompany this request. If paying by credit card, please fax your request. Please allow a minimum of 7 to 10 working days to process your request(s).

Learner Information – Please Print

Name _____ Learner ID# and/or Social Security # _____

Address _____

City _____ State/Province _____ Postal/Zip Code _____ - _____ Country _____

Daytime Phone Number: (____) _____ E-mail Address _____

Signature _____ Date _____

PLEASE NOTE: YOUR SIGNATURE MUST BE INCLUDED IN ORDER FOR YOUR REQUEST TO BE PROCESSED!
Please print clearly the name and complete address of person, agency, or institute to whom the transcript is to be sent:

Email address: _____

Email address: _____

Number of copies to this address: _____

Number of copies to this address: _____

Check to indicate you need the transcript mailed to your home in a sealed envelope to take to a third party.

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Processing Instructions (check all that apply):

Check the program applicable to this request: _____ Bachelor's (BA or BS)(circle center Cincinnati, Florida, Sacramento or Vermont)
_____ Master or Arts (circle center Florida or Vermont)
_____ Master of Education (circle center Florida or Vermont)
_____ Doctoral (circle program Ph.D.; Ed.D. or Psy.D)
_____ Master of Fine Arts (Vermont) _____ CAGS _____ Lifelong Learning
_____ FL Teacher Prep Program _____ Transient Learner

____ Hold for posting of grades for my (circle one & list year & term): **Last term** _____ **Current term** _____

____ Hold until degree is conferred

Please send requests to the address listed below:

**Union Institute & University
Registrar's Office
440 East McMillan Street
Cincinnati, OH 45206-1925
Fax: 513-487-1075**

Payment Information: Requests require a \$10.00 processing fee **per transcript**.

Method of payment: Check or Money Order Credit Card
Charge to my: Discover Card Visa MasterCard American Express

Credit Card Number: _____ Expiration Date: _____

Signature of Cardholder: _____ Date: _____

Total Number of Transcripts Requested: _____ Total Amount Enclosed: \$ _____

For Office Use Only

Registrar's Office Use Only

Processed By:		ID#:	Program:	Status:
Fee Validation:		Transcript Status:	Amount Paid:	Payment Type: