



TRANSCRIPT/ LETTER REQUEST FORM

Please complete one request form per transcript/letter copy needed

Please pay when you submit this form
Form can be emailed to admissions@ucdh.edu or faxed to 801-224-5437

In accordance with federal law records cannot be released without the written consent of the student

Name: _____ Phone # _____ Date Requested: _____

Graduation Date: _____ Month: _____ Year: _____ Email: _____

Student Number _____ Last four digits of Soc. Security # _____ Birthdate ____/____/____
Address: _____ City: _____ State: _____ Zip: _____

Signature: _____ Previous Name: _____

*By signing, the student acknowledges to reading the form in its entirety & understands what is required to fulfill this request

Unofficial Transcript **Official Transcript** **Unofficial Letter** **Official Letter**

Select one choice below:

- Faxed or Emailed** (to number/address below-\$6.00)
- Mailed** (to address below-\$6.00)
- Sealed** envelope (for you to pick up in the Admissions Office-\$5.00)

If transcript/letter is to be faxed, please keep in mind that this is an **unofficial** transcript.

Fax Number OR Email Address: _____

Attention to: _____

If **official** transcript/letter is to be mailed, please fill in the information below:

Attention to: _____

Address: _____

***Incomplete or Unsigned Forms will not be processed *Requests will be processed within 10 business days or receipt**

Special Instructions/Requests:

For Office Use ONLY

Amount due	\$ _____	<input type="checkbox"/> cash <input type="checkbox"/> check <input type="checkbox"/> credit card	Date Transcript/ Letter Processed
Amount paid	\$ _____		Date:
Date Received:	_____		By:

