



Registration and Records  
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 Roseburg, Oregon 97470  
 541.440.4604 | Fax 541.440.7713  
 Registration@umpqua.edu

# UCC Transcript / Verification Request Form

**Any money owed to UCC will prevent processing of this request**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Birthdate (MM/DD/YYYY) \_\_\_\_\_ Student ID Number \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Former Names Used \_\_\_\_\_

**Section 1 – REQUEST (Select all that applies)**

- Transcript Request**
  - Official Academic Transcript # \_\_\_\_\_ copy(s)
  - Unofficial Academic Transcript # \_\_\_\_\_ copy(s)
- Verification Request**
  - Verification type:  GPA  Enrollment  Degree
  - Verification term/year:  Summer  Fall  Winter  Spring Academic year: \_\_\_\_\_

**ADDITIONAL OPTIONS**  
(Current Students Only)

Hold for final grades (current term)

Hold for degree posting

**Section 2 – DELIVERY METHOD (Select all that applies)**

- In-Person** pick up (must be picked up within 30 days)
- Fax** Fax number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Attention to: \_\_\_\_\_
- U.S. Mail**  Use my student mailing address above  Use different mailing address below:

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Section 3 – PAYMENT INFORMATION**

<p style="text-align: center;"><b>COST</b></p> <p><input type="checkbox"/> Rush Fee.....\$15</p> <p><input type="checkbox"/> Fax .....\$3</p> <p><b>Total: \$</b> _____</p>	<p><input type="checkbox"/> <b>Credit Card:</b> <input type="checkbox"/> <b>Check No:</b> _____ <input type="checkbox"/> <b>Cash</b></p> <p>Name on card: _____</p> <p>Billing Address: _____ State: _____ Zip: _____</p> <p>Account No: _____ Exp. ____/____ VCode: _____</p>
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**Student Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

Signifies Approval & Authorization to release my transcript as directed on this form.

**OFFICE USE ONLY**

**Payment Verified:**  Fee Applied  Payment Received **Date Received:** \_\_\_\_\_  AM  PM

**Section 4 – IN PERSON PICK UP ONLY (Sign & date at the time of pick up)**

**Student Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

Signifies authorization that I received my transcript and/or verification.