



# The University of Montana Western

## Request for Official Transcript of Academic Records

710 S Atlantic St, Dillon, Montana 59725

(406) 683-7371 or (877) 683-7331 or FAX: (406) 683-7493

**YOUR COMPLETE NAME & ADDRESS:**

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**STUDENT IS RESPONSIBLE FOR COMPLETE & LEGIBLE ADDRESS.**

Records cannot be released without the written consent of the student.

I would like my transcript:

- Sent Now   
  Held for student pick up   
  Held for degree to be posted  
 Held for semester grades from: \_\_\_\_\_   
  Held for grade change for: \_\_\_\_\_

Student ID or SSN: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Phone: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Maiden/Other names used: \_\_\_\_\_

Approx. Dates of Attendance: \_\_\_\_\_ to \_\_\_\_\_ Degrees Earned: \_\_\_\_\_  
semester & year                  semester & year

**Provide complete information to avoid extra cost and time delays. No transcript will be released to any student whose obligations to the University have not been met.**

There is a \$3 charge for each transcript. *Additional* fees for faxing are \$1 per page, rush service is \$10, and overnight or two day mail delivery will depend on current postal rates. Requests for partial transcripts will not be honored; transcripts will show all work completed at Montana Western with any transfer work accepted/posted.

**Mailing/Service Options: \_\_\_\_\_ Total Number of Transcripts Desired**

- Rush-processed in 1 business day; \$10 fee   
  FAX-unofficial; must include recipient address to send via mail. \$1 per page fee.   
**FAX Number:** \_\_\_\_\_  
 Express Mail-fee charges depend on current postal rates. Select desired mailing service.  
 \_\_\_\_\_ USPS Express \$19.95   
 \_\_\_\_\_ USPS Priority \$5.60   
 \_\_\_\_\_ FedEx \$25.00  
 Request for audit of General Education Core completion (These audits are completed only if transcripts are sent to a unit of the Montana University System).

**Payment Options:** \_\_\_\_\_ Cash    \_\_\_\_\_ Personal Check/Money Order

\*UMW does not accept American Express.

Debit/Credit Card: \_\_\_\_\_  
Card Number                                  Exp. Date

\_\_\_\_\_  
Name on Card                                  Type of Card

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

Office Use Only			
Transcript	x	\$3.00	=
Rush	x	\$10.00	=
Fax (per page)	x	\$1.00	=
Express Mail			=
Clearinghouse (if ordered online)		\$2.25	=
Clerk: AMM	Amount Due	=	
	Amount Paid	=	
Date Received	Date Sent		

**SEND TO:**

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