Office of the Registrar
Transcript Request Form

Please fill out one request form for each address to which you want your transcript sent. You must print the form and follow the directions below. **Incomplete form(s) will not be processed. This is not an electronic form.**

Please allow 3-5 working days, once received in our office, for processing. There will be delays during grading periods at the end of each semester.

**To receive a transcript, you must not owe any outstanding fees.**

**STUDENT INFORMATION**

UNCC ID Number (If Known): __________________________ Last Year of Attendance: __________ Degree Program: __________________________

Last Name: _____________________________________ First Name: ___________________ Middle Initial: ______________

Date of Birth: __________________________ Other Names/ Maiden Name: __________________________________

Current Street Address: __________________________________________

City: __________________________ State: __________ Zip Code: __________ Nation: ______________

Telephone Number: __________________________ Email Address: __________________________

Student Signature: __________________________________________ Today’s Date: ______________

**MAILING INFORMATION (official)**

Issue to: __________________________________________ Number of copies: _____

Street Address: __________________________________________

City: __________________________ State: __________ Zip Code: __________ Nation: ______________

Mail Transcript Request to: UNC Charlotte
Office of the Registrar
9201 University City Blvd
Charlotte, NC 28223-0001

OR
Fax to: (704) 687-6121
or email to: transcripts@uncc.edu

(01/27/2017)