



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)