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:______________________________

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) OR FAXING INFORMATION (unofficial)

Issue to:__________________________________________ Number of copies:_____

Street Address : __________________________________

________________________________________________________

________________________________________________________

City:________________________ State:________________ ZIP Code:________________ Nation:________________

OR

Fax Number (NOTE: stamped Unofficial Transcript): __________________________________________

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

OR

Fax to: (704) 687-6121

(08/2015)