The University of Mississippi

Registrar's Office
104 Martindale
Post Office Box 1848
University, MS 38677-1848
Phone: (662) 915-7792 Fax: (662) 915-7793

REQUEST FOR TRANSCRIPT

All transcript requests must be made in writing. Fill out this form completely with signature and form of payment and either mail or fax to address above. Please allow a minimum of 3 working days for processing your request. No transcript will be issued for a student who has outstanding financial obligations to the University.

There is a $5 fee for each transcript requested. You may request a faxed copy of your transcript for a $10 fee, but please keep in mind that a faxed transcript is not considered official. You must complete all information requested on this form so that there will not be a delay in processing your request.

Please print or type:

Name: _____
First **Middle** **(Maiden, if applicable)** **Last**

Are you currently enrolled? [ ] Yes [ ] No If no, date you were last enrolled:_____

Date of Birth: _____ **SSN or Student ID #**_____

Daytime Phone Number: _____ **e-mail address:** _____

Mail Transcript To:
(Your transcript will not be mailed without a complete mailing address)

_____
_____
_____
_____
_____

Your Name and Mailing Address:

_____
_____
_____
_____

SIGNATURE: _____

{ } Send transcript immediately.
{ } Send transcript after current grades are recorded.
{ } Send transcript after degree recorded.

Transcript fee: $5 each; Fax fee $10 (Please make check or money order payable to University of Mississippi.)
Method of payment: $ _____Cash $_____ Check $_____ Money Order
Visa/MasterCard # _____Expiration date: _____
Fax Transcript to: _____ @ _(_____)_____
(Name of person/institution) ***Fax Number***