

REQUEST FOR TRANSCRIPT OF CREDITS

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To Registrar:					
	Institution	Attended			
City		State		Zip	
	al transcript of acade The University of Al Office of Gradu Materials Science Bu Huntsville, Al	abama in Hui ate Admission uilding Room	ntsville ns C-206	on to:	
I attended your institution from		to)		and
	[] did	[] did n	ot graduate.		
My record will be filed under the na	ame:				
My Social Security number is					
My Date of Birth is					
My present name is					
I reside at					
	Street	t, P.O. Box, Rural Ro	oute		
City		State	Zip	Area Code Telep	phone
Signature				Date	-

TO THE STUDENT REQUESTING THE TRANSCRIPT: Most institutions require the payment of a fee before issuing transcripts. You may save time by including your payment with this request. If you have married or changed your name since attending this institution, please give the name in which your record will appear. UAH will accept official transcripts hand-carried if in an unbroken sealed envelope from the institution.

SEND THIS FORM DIRECTLY TO THE INSTITUTION(S) PREVIOUSLY ATTENDED.