

Personal Information

Name: Last _____ First _____ Middle _____ Former _____
(Maiden)

Date of Birth: (MM/DD/YYYY) ____/____/____ **Social Security or Union College ID number** _____

Current Mailing Address _____ **E-mail address** _____

Address _____ **Phone(s)** _____

City _____ State _____ Zip _____ **Dates of Attendance:** _____

Transcript Request

Send (number of copies) _____ transcript(s) to: **Send (number of copies) _____ transcript(s) to:**

Issued To _____ Issued To _____

Address _____ Address _____

City _____ State _____ City _____ State _____

Zip Code _____ Country _____ Zip Code _____ Country _____

Student's Signature: _____ **Date:** _____

Payment Information

Payment (due at time of request) \$ _____ **(Free for Union College graduates—\$5 each for students who attended)**

Payment Method:

- Check or Money Order Cash Charge UC Student Account (Current students only)

Credit Card: Card Type Visa MasterCard Discover Credit Card #

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Cardholder's Signature _____ Card Expiration Date _____

Billing Address of Card _____
(Include street address, city, state and zip code—if different from above address)

Special Instructions:

- Send now (do not hold) Hold for pickup
- Send after grades are posted for the following semester _____ (e.g. Spring 2009)
- Send after degree completion

Send Payment and Request Form to address below, or fax form to (402) 486-2584 and call (402) 486-2529 for payment.

Records Office
Union College
3800 South 48th Street
Lincoln NE 68506

OFFICE USE ONLY	
Financial Approval	Approval Date
Date Sent	