

TRANSCRIPT REQUEST FORM

University of the Cumberlands
Office of the Registrar
6174 College Station Drive
Williamsburg, Kentucky 40769-1372
Phone #: (606) 539-4283
Fax #: (606) 539-4347

OFFICE USE ONLY	
Paid:	_____
Date:	_____
Rec'd By:	_____
Deadline:	_____
Bursar:	_____
Loan:	_____

Transcript(s) sent at the request of:	Please mail to:
Name: _____	_____
Maiden or Other Name: _____	_____
Address: _____	_____
_____	_____
Phone Number: _____	_____

The following information is needed to locate your transcript:

Student ID#:	Social Security Number:	Date of Birth:
	- -	- -

Are you currently enrolled at Cumberland ? (circle) Yes or No.
If Yes, (circle) Undergraduate or Graduate.
If No, when were you last enrolled? Year: _____

Do you want this transcript request held for the current semesters grades? (circle) Yes or No.

Did you graduate from Cumberland ? (circle) Yes or No .
If Yes, Year: _____ Degree: (circle) Bachelors and/or Masters.

List the number of transcripts you want sent: _____ Undergraduate and/or _____ Graduate.

PLEASE READ THE FOLLOWING INFORMATION:

All transcript request(s) must be cleared by the Bursar and Loan Offices. Please allow two to four days for a request to be processed. If you have a deadline, please tell the clerk taking this request. When requesting a transcript, in person, photo identification must be presented .

Signature: _____

Transcript Fee:

Official \$10.00
Unofficial \$3.00