Off-Campus Request for Official Transcript
Office of the Registrar - Transcripts, 003 Wilder Tower, University of Memphis, Memphis, TN 38152-3520

* Allow up to 5 business days for processing any transcript request. *

Use this form only when mailing your transcript request. We do not accept FAXed requests or scanned requests attached to an email.

Name:	Last:	_ First:	Middle:
Contact Info:	Street Address:		
	City:	State:	Zip:
	E-mail:	Ph: ()
U-Number:		OR Last 4 Digits of SSN:	
Birth Date:	MM:DD:YY:		
Former Names:			
Years Attended I	University of Memphis:	First Yr: Last Yr:	
Check if Appropr	iate:		
Mail transcr	ipt now.		
I will pick u	p at your office.		
Hold transc	ript for the current term's gra	ades. (Info format, ex: Full/Spring	/20YY.)
Part of Term: / Term: / Year:			
Hold transcript for degree. (Info format, ex: BA/Spring/20YY.)			
Degree: / Term: / Year:			
Hold transcript for pending grade change. (Info format, ex: ENGL4501/Spring/20YY.)			
CourseID: / Term: / Year:			
	Law School at UofM.		
I have taken Continuing Education (CEU) courses and want them included.			
	ched Enclosures that should a		•
i nave atta	ched Eliciosules that should a	accompany the transcript.	
Release Academ	ic Record & Other Pertinent I	nformation to (Name/Address):	[#Copies]:
			[]
			[]
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(Attach additional	addresses if necessary.)		
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Signaturo		Date	