

University of Jamestown
REQUEST FOR ACADEMIC TRANSCRIPT FORM

****No transcripts will be released if you have financial obligations to University of Jamestown**

The cost for each transcript is \$5. Please send the payment and the request form to:

Registrar's Office
6086 College Lane
Jamestown, ND 58405

Name: _____

Maiden/Former Names _____

Address: _____

City, State, Zip _____

Home Phone: _____ Work Phone: _____

Social Security Number _____ Birthdate: _____

Email address: _____

Were you enrolled at UJ after August 1994? _____

Are you requesting a:

_____ Undergraduate Transcript

Did you graduate from UJ? _____

_____ Graduate Transcript

Please send _____ copies of my transcript to:
(You must provide a complete address)

Name: _____

Address: _____

Address: _____

City, State, Zip: _____

_____ send transcript now

_____ hold transcript until grades are posted for current term

_____ hold transcript until degree is recorded

Student Signature _____