



UNIVERSITY OF DALLAS - Transcript Request Form

A separate form is required for each address to which transcripts are being sent. Forms will not be processed without a valid signature and address.

****Please note that official transcripts are NEVER emailed or faxed.**

1. Last Name: _____ First _____ MI _____

Former/Maiden _____

2. UD ID# _____ Date of Birth _____

3. Send transcript to: (or check box if student will pick up [])

Number of copies to this address _____

Include **COMPLETE** Name and address to appear in envelope window:

4. Student's contact information (***REQUIRED**)

*Address _____

*Daytime Phone _____

*Email Address _____

Special Instructions: _____

5. Student Signature: _____

(Physical signature required!)

Date: _____

CHECK THE APPROPRIATE BOXES

Please note that any rush processing does NOT include rush shipping. If you wish to have your transcript shipping expedited, you must provide us with an expedited shipping label or envelope. Otherwise transcripts will be shipped via standard mail.

Processing:

Standard processing: There is a \$5 USD charge per copy. If all accounts are clear, the transcripts will be mailed in 2-3 working days. (Longer at peak periods).

Rush processing: The cost is \$10 USD charge per copy. If all accounts are clear, the transcripts are processed within one business day.

Same Day Rush: The cost is \$20 USD charge per copy. It is recommended that same day rush requests be submitted by 11:00 AM to allow sufficient time to check for holds and processing by mail.

Payment may be included with a mail-in order; otherwise, anyone ordering a transcript will receive an invoice.

Program: Undergraduate COB Grad/GSM
 School of Ministry Braniff

Currently enrolled--if not, list dates of attendance:

Do not hold for current semester grades.

Send end of: Fall Spring
 Summer ____

(Request will be held for final grades for semester checked)

Hold until grade change processed

Course: _____

Grade: From ____ To ____

Hold until degree recorded

Place transcript(s) in separate sealed envelope(s).

Office Use Only: Amt Rec'd

Amt Due

Date Completed

This form may be faxed to the Registrar's Office at (972) 721-5132 or mailed to:

***University of Dallas
Office of the Registrar
1845 E. Northgate Dr.
Irving, TX 75062***

for further information: transcripts@udallas.edu