



Transcript Request Form

Student Name: _____
First Middle Last

Other Names Used: _____

Home Address: _____ Apt/Suite #: _____

City: _____ State: _____ Zip Code: _____

Phone: Daytime (_____) _____ Alternate: (_____) _____

Fax: (_____) _____ Email: _____

Approximate date(s) of enrollment: _____

Please send transcript to:

_____ Attn: _____

Address: _____ Apt/Suite #: _____

City: _____ State: _____ Zip Code: _____

Signature: _____ Date: _____

(Student's signature Required)

Payment Information (Fee is \$5.00 per transcript.)

- Cash
- Check enclosed (Please make payable to UAH College of Professional Studies)
- MasterCard Visa Discover American Express

Card Number: _____ - _____ - _____ - _____ Exp. Date: _____ CVV: _____
(Mo/Yr)

Cardholder's Name (please print): _____

Please submit completed and signed form (with payment) to:

FAX:
(256) 824-6760

EMAIL:
CPSRegistration@uah.edu

MAIL:
CPS Registration Office
Wilson Hall 103
Huntsville, AL 35899-0650

SUBMIT