



College of Professional and Continuing Studies

Transcript Request Form

Student Name: _____
First Middle Last

Other Names Used: _____

Address: _____ Apt/Suite #: _____
Home Business

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 UAHuntsville Division of Continuing Education.)
MasterCard Visa Discover American Express

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

Cardholder's Name (please print): _____

Cardholder's Signature: _____

Please submit completed form (with payment) to:

FAX: (256) 824-6760

PHONE: (256) 824-6010

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