



Office of the Registrar
634 Henderson Street
Mount Olive, North Carolina 28365
919-658-7179 FAX / 919-658-7835 PHONE

Current students please check your record online at www.umo.edu. Holds for any reason will prevent transcript release.

Instructions: Complete this form with all applicable information. Fee payment and student signature are both required at time of ordering Official Transcript(s). Please provide accurate address information for each destination and the number of copies to be mailed. It is the student's responsibility to provide accurate information on this form. Please refer to www.umo.edu /academic/registrar/transcripts for further information.

Official Transcript Fees

\$5.00 per copy for both Official and Unofficial Transcripts (Faxed transcripts may be considered unofficial by the receiving party).

Student Information (Please Print or Type)

Name: Last First Middle/Maiden Date:

Signature: Other Names Used: Note: Request will not be processed without authorized signature

College Student ID number (PCID) or Social Security Number Date of Birth:

Address: Street Daytime Phone:

City State Zip E-mail Address: (in case we need to contact you)

Dates of MOC Attendance: I am currently attending: Yes No If no - year last attended: Fall Spring Summer Location: Jacksonville Mount Olive New Bern Raleigh SJAFB Washington Wilmington Did you earn a degree at Mount Olive College: Yes No Degree awarded: Date graduated:

Service Desired

Hold for pickup Pick-up Date: Release to a second party: Send now. (ID required) Print Name (ID required) Hold for most recent semester grades (processing can take up to two weeks after end of semester). Please indicate Session: Hold for degree posting (processing can take up to one month after graduation date). Indicate expected date of graduation: I have a special deadline as indicated: Please mail copy(s) each to the location(s) below.

Destination 1:

Name Street Address City State/Country Zip/Postal Code

Destination 2:

Name Street Address City State/Country Zip/Postal Code

Signature: Credit Card Type VISA MC Number: Exp Date: Note: Signature required for Credit Card Transactions