

**UNIVERSITY OF MISSISSIPPI
OFFICE OF THE REGISTRAR
PO BOX 1848
UNIVERSITY, MS 38677
Phone: 662-915-7792 Fax: 662-915-7793**

All transcript requests must be made in writing. Fill out this form completely with your signature and form of payment. You may either mail or fax this form to address above. No transcript will be issued for a student who has outstanding financial obligations to the University.

Name: _____
First Middle (Maiden, If Applicable) Last

Date of Birth: _____ **SSN or Student ID #** _____

Daytime Phone Number: _____ **Email Address:** _____

(Select One)

- Regular Mail: \$7.00 per Transcript** **FedEx – Domestic: additional fee of \$25.00**
 Fax: \$10.00 per Fax Number **FedEx - International: additional fee of \$50.00**
 E-script: \$10.00 per email address
Attendance before 1997 cannot be provided via E-script.

Send Transcript To:

Number of copies: _____

Student's Mailing Address:

SIGNATURE _____

- Send transcript as soon as possible**
 Send transcript after current grades are recorded.
 Send transcript after degree is recorded.

Visa/MasterCard # _____ **Expiration Date** _____

****PLEASE BE ADVISED THAT WE NO LONGER ACCEPT CHECKS, MONEY ORDERS, OR CASH****