

Office of the Registrar
1301 20th St So
Great Falls, MT 59405
[406] 791-5201 or [800] 856-9544
registrar@uprovidence.edu | uprovidence.edu



Transcript Request

Enrollment Information: Total Number of Transcripts Requested _____ x \$10.00 each = \$ _____

Currently enrolled

Official

Last Semester enrolled _____
Semester/Year

Unofficial (free)

Transcript to be made:

Now

After _____ semester grades are recorded

After degree is recorded

NOTE: All financial obligations to the University must be satisfied before transcripts can be furnished

Orders are normally filled within 3 – 5 working days.

Student Information:

Student ID# : _____

Birthdate: _____

Student's Full Name: _____

Name Used at UP: _____

Student Signature: _____

Date _____

Student Contact Information:

Current Name: _____

Current Mailing Address: _____

Email Address: _____

Phone Number: _____

How should we send your transcript?

Email to: (Unofficial only) _____

Mail to: _____

Street _____

City, State, Zip _____

Phone _____