

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 _____ Unofficial (free)
Semester/Year

Transcript to be made:

- Now
 After _____ semester grades are recorded
 After degree is recorded

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: _____

Ok to update in our files? Yes No

Email Address: _____

Phone Number: _____

How should we send your transcript?

Email to: (Unofficial only) _____

Mail to: _____

Street _____

City, State, Zip _____

Phone _____