



UNIVERSITY of MOBILE

Unofficial Transcript Request

Signature of Student

Date of Request

Student Name _____

Email _____

Former Name _____

DOB _____

Phone # _____

Did you graduate? YES or NO

SSN or ID# _____

Dates of Attendance: _____ to _____

Transcript to be released to student via:

Fax - _____

Email - _____

Mail - _____

You may send this form back via one of the following:

Email – chall@umobile.edu

Fax – 251-442-2505

Mail – 5735 College Parkway, Mobile, AL 36613

****Transcripts issued to students MUST be stamped UNOFFICIAL and will NOT be released to a third party without the student’s written permission.****

BUSINESS OFFICE USE ONLY:
Transcript release authorized by

Date _____