

# JUDSON COLLEGE

## 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:

Email - \_\_\_\_\_

Mail - \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Email – registraroffice@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.\*\***