OFFICE OF ADMISSIONS
5735 College Parkway
Mobile, AL 36613-2842
251-442-2273 • 800-946-7267
www.umobile.edu

OFFICIAL TRANSCRIPT REQUEST

University of Mobile

Section A: To be completed by the student.

Please fill out the top portion of this transcript request and give it, along with the enclosed postage paid envelope marked "Official Transcript Request Enclosed," to your guidance counselor/registrar or teacher for completion. Please ask that he or she return this form to us as soon as possible to ensure consideration.

Name:_____ Social Security Number: _____

Student's Address: _____
Number and Street

_____
City State/Province Zip/Postal Code

Country, if outside U.S.A.:_____ Home Phone: (_____)_____

High School : _____

Optional Confidential Comments

By: _____
Guidance Counselor/Registrar/Teacher

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_____

Signature

Date:_____Signed:_____Title:_____

Email Address:_____Telephone: (_____)_____

Guidance Counselor/Teacher – Please return this form in the enclosed postage-paid envelope marked "Official Transcript Request Enclosed" as soon as possible to ensure proper consideration, or mail to:

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