UMUC *Europe*

Transcript Request

Use this form to have *other* institutions send your official academic record to UMUC-Europe for evaluation.

Date: _____

Name: _____
Last First M.I.

SSN: _____ DOB: _____
Day Month Year

Name under which you attended if different from present name:

_____

Present address: _____

_____

I first attended your institution from: _____ to _____
Month Year Month Year

I most recently attended your institution from: _____ to _____
Month Year Month Year

I am enclosing a check or M.O. for $ _____ to cover the transcript fee.

Please forward an official copy of my academic record to the address below:

UMUC-Europe
Evaluations Office
Unit 29216
APO AE 09102

I hereby give consent to have my academic record released to UMUC.

_____
Signature

(You must sign for your transcript to be released.)

UMAA-002 (1004)

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