

Office of the Registrar

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TRANSCRIPT REQUEST

Please fill out a separate request form for each address.

UP ID: _____ Dates of UP Attendance: _____ Birthdate: _____

Last: _____ First: _____ Middle: _____

Previous Names: _____ Number of Copies: _____

Send Transcript to Email Address: _____

Or Send Transcript to Mailing Address:

Street 1: _____

Send

Street 2: _____

Hold for pick up (photo ID required)

City: _____

Send after grades are posted for current term

State: _____ Zip Code: _____

Same day fee (\$10)

Nation: _____

Signature: _____