

## **Transcript Request Form**

Please supply your ID# if known, but it is not necessary to process your request.

All requests require your physical signature on the form. (We do not accept electronic signatures.)

To send an Electronic Transcript write the recipient's e-mail address in the Address Box.

For a rush payment, please supply your phone number on the form. We will call you once we have received your request form.

### **Submit the form:**

#### **In person**

Office of the Registrar  
Waldschmidt Hall, Suite 100  
Office hours: Monday – Friday, 8:30 am – 4:30 pm.

#### **Mail**

Office of the Registrar  
University of Portland  
5000 N Willamette Blvd  
Portland, OR 97203

#### **Fax**

503-943-7979

**E-mail – Scanned or Picture of completed form.**

[registrar@up.edu](mailto:registrar@up.edu)