HELENA COLLEGE
University of Montana

TRANSCRIPT REQUEST

Personal Information (Required): Please Print

Name: _____ **Attended prior to 2000?** ☐ Yes ☐ No

Date of Birth: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____

PLEASE SELECT ONE IDENTIFIER

Student ID # _____

SSN _____

Name(s) under which you enrolled (if different than above): _____

Check one:

- ☐ Please mail
- ☐ I will pick up
- ☐ Please HOLD until final grades are posted
- ☐ Please HOLD until Degree is posted

Signature (Required): _____ **Date:** _____

Attention: IF YOU OWE Helena College University of Montana fees, fines or other charges, you will not be permitted to receive a transcript until the balance has been paid in full.

Transcript Mailing Address (if different than above):

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Fees: ☐$3 (3-5 days processing) ***or*** ☐$10 (process within 24hrs)

Method of Payment: Cash ☐ Check ☐ **NUMBER OF COPIES** _____

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DATE PROCESSED: _____ **INITIALS:** _____