University of Rhode Island – Transcript Request Form

UNIVERSITY OF RHODE ISLAND
KINGSTON, RI 02881
OFFICE OF ENROLLMENT SERVICES

TODAY'S DATE

OFFICE USE ONLY
Number of Copies

FROM →

STUDENT ID NUMBER AND/OR SOCIAL SECURITY NUMBER
NAME, FIRST MI LAST
ALL PREVIOUS NAME (if applicable)
ADDRESS
CITY STATE ZIP

Number of Copies to this address:

☐ I am currently a student at the University

☐ I am not currently attending the University

I last attended:
FROM:

TO:

MAIL TRANSCRIPT TO: →

NAME
INSTITUTION OR CORPORATION
ADDRESS
CITY STATE ZIP

Please allow one week for processing

☐ Send as soon as possible.

☐ Hold for final grades.

☐ Hold for change of grade.

☐ Hold for degree posting.

☐ Hold for pick-up.

☐ Special mailing instructions.

Use a separate form for each different mail address to which you are forwarding transcripts.

Student Authorization: I authorize the University of Rhode Island to send my transcripts to the party named.

PLEASE NOTE: Transcript service will be denied to all students who are indebted to the University. **Please sign and mail to the address above or fax to (401)-874-2910.**

Signature (Hand Signature Only) _____