



UNIVERSITY
of MOBILE

Unofficial Transcript Request

Signature of Student

Date of Request

Student Name _____

Email _____

Former Name _____

DOB _____

Phone # _____

Did you graduate? YES or NO

SSN or ID# _____

Dates of Attendance: _____ to _____

Transcript to be released to student via:

Email _____

Mail _____

You may send this form back via one of the following:

Email – registraroffice@umobile.edu

Mail – 5735 College Parkway, Mobile, AL 36613

****Transcripts issued to students MUST be stamped UNOFFICIAL and will NOT be released to a third party without the student's written permission.****