

DUAL/CONCURRENT ENROLLMENT TRANSCRIPT REQUEST

The University of Alabama at Birmingham Box 99 1720 2nd Ave S Birmingham, AL 35294-2936 205-934-4300

PLEASE PRINT CLEARLY

Financial obligations to UAB must be cleared before transcripts can be released.	Blazer ID:
	Student Name:
Send a free copy of my UAB transcript to my high school:	Last First Middle
School Name: Attn: Address	Date of Birth:///
City, State, Zip	Daytime Phone Number:
	()
	E-Mail Address:
By my signature, I authorize the release of my UAB trans	cript to the listed recipient above.
Student Signature (Required)	

Submit to:	
In Person:	By Mail:
One Stop Student Services	UAB Enrollment Operations
Hill Student Center, Room 103	1720 2 nd Ave S
	Box 99
	Birmingham. AL 35294-2936

UAB Use Only Completed by: