Unofficial Graduate Transcript Request Form

This form must be submitted with a legible copy of a valid legal government issued photo ID (examples: driver's license, state ID, Tribal/Native American ID, or passport)

Student Information

First Name:	Middle Initial:	Last Name:	
Student ID Number*:			
*If you are unsure of your campus ID numbe campus ID number is the same as your SSN		esk at (414) 229-4040. F	Please note: if you attended UWM prior to 1984, your
Email address:		Phone Number:	
Former or Maiden Name:			
Birth Date (YYYY-MM-DD):			
Address:			
City:		State:	_ Zip Code:
	Transcript	Information	
Send Transcripts (check one): Now			
Hold until grades are available for		semester (grades rep	ported as incomplete will be sent out)
Hold untildegree	certification is granted for t	his term:	
Type of	Type of Month/Year		Month/Year
Please provide a complete mailing addr Name			e address per form). Mail to:
Address:			
			_ Zip Code:
2. Please attach a scanned copy of you not be able to send it out on your beh	r photo ID to this form when s alf. ficial transcript, please comple tary. Please do not send us a	submitting your request ete the required form of a check or cash with yo	form, otherwise it will not be accepted. If you do not submit this with your form, we will n our website: https://uwm.edu/graduateschool/ ur request.
You may email this form to: gradschool-staff@uwm.edu or mail it to: Graduate School Unofficial Transcripts Mitchell Hall RM 261 P.O. Box 340 Milwaukee, WI 53201-0340			
Signature:		Date:	
			uwm.edu/graduateschool