

TRANSCRIPT/DIPLOMA REQUEST FORM

(For unofficial transcripts, go to [student portal](#))

Requests for official University of the Potomac transcripts must be made in writing, signed and submitted to the Registrar. The University of the Potomac honors official transcript requests only if students are in good financial standing with the University. All unofficial transcript requests are honored.

Select (X) the option(s) for your request:

Services	Fees	Description
<input type="checkbox"/> Official transcript (regular request) Number of Transcripts: _____	\$10 per copy	Transcript will be made available for pickup or mailed to the address on your request form (if inside the US) within 3-5 business days. Your request will go out in the regular mail .
<input type="checkbox"/> Official transcript (rush request) Number of Transcripts: _____	\$15 per copy	Transcript will be made available for pickup or mailed to the address on your request form (if inside the US) within 24h. Your request will go out in the regular mail .
<input type="checkbox"/> Duplicate Diploma Number of Diplomas: _____	\$50 per copy	Diplomas will be made available for pickup or mailed to the address on your request form (if inside the US) within 3-5 business days. Your request will go out in the regular mail .

Expedite and International Mailing fee: Contact Registrar's Office at registrar@potomac.edu before making the payment. Requested document(s) will be mailed via FedEx or UPS and will have a tracking number. For all UPS or FedEx options, costs must be covered by the student, **not** the University.

First Name	Middle Name Initial	Last Name	Suffix
Date of Birth	Student ID	Social Security Number	
Phone Number		Email	
Address (Street and Number)		City, State, Zip Code	

Dates of Attendance and/or Date of Graduation if Applicable

Select (X) one option:

- Please send my transcript/diploma to the address above.
- Do NOT MAIL** – Hold at Registrar's Office for pickup: DC campus VA campus Chicago campus
(Note: Transcripts will be held for 30 days from the date of the request.)
- I, the undersigned, hereby authorize the release of my transcript/diploma and request that an official copy be sent to:

Name of authorized person:

Mailing Address:

I acknowledge that the information I have provided here is correct.

Student Signature

Date

*****Make your [payment online](#). Send this form along with the receipt to the Office of Registration and Records at registrar@potomac.edu *****

Office Use Only

Received by: _____ Date: _____ Fees Received: _____
Printed Name/Signature