



UNIVERSITY OF NORTHERN COLORADO

Office of the Registrar

Bear Central - Campus Commons 2120  
Campus Box 50  
Greeley CO 80639  
Phone # (970) 351-4UNC

## THIRD PARTY ACADEMIC TRANSCRIPT REQUEST FORM

Print form, complete all information, and upload in Parchment

Student Last Name: \_\_\_\_\_

Student First Name: \_\_\_\_\_

Other Names Attended Under: \_\_\_\_\_

Bear Number: \_\_\_\_\_ Last 4 of SSN (Optional): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_

Attended Dates: \_\_\_\_\_

Degree Sought or Earned: \_\_\_\_\_

Pursuant to provisions of the Federal Family Educational Rights and Privacy Act of 1974 (Public Law 93-380), I grant permission for release of my academic record to the third party listed below.

\_\_\_\_\_  
Student Signature

### REQUESTING THIRD PARTY INFORMATION

Company/Education Institution Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Contact Email/Phone Number: \_\_\_\_\_

Reason for Record Request: \_\_\_\_\_