

REQUEST FOR TRANSCRIPT

POLICY GOVERNING ISSUE OF TRANSCRIPTS:

- (1) First transcript ever ordered: FREE
 Additional transcripts ordered at the same time: \$2.00, per each additional
- (2) Subsequent transcript orders: \$5.00, first transcript
 Additional transcripts ordered at the same time: \$2.00, per each additional
- (3) **OFFICIAL TRANSCRIPTS MAY NOT BE RELEASED UNTIL ALL FINANCIAL OBLIGATIONS TO THE UNIVERSITY HAVE BEEN MET.**
- (4) When we FAX transcripts, they must be FAXed & mailed to the same recipient.
 We require the recipient's **FAX #**, recipient's **Phone #**, and recipient's **Mailing Address**.
The receiving institution will determine whether a FAXed transcript is considered official.
- (5) Please allow 2 working days for processing.

NAME	Last	First	M.I.
Street Address			
City	State	Zip	
Daytime Phone #	Student I.D. # or SSN	Birth Date	
Signature		Date	
Former Last Name(s) used at W.U. (if any):			

<p>Are you currently enrolled? <input type="checkbox"/> YES <input type="checkbox"/> NO If not, date last enrolled _____ semester/year</p> <p>Student at:</p> <p><input type="checkbox"/> CLA <input type="checkbox"/> MAT <input type="checkbox"/> CET/Prof.Educator <input type="checkbox"/> LAW <input type="checkbox"/> AGSM <input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Send immediately <input type="checkbox"/> Hold for current semester grades <input type="checkbox"/> Hold for posting of degree <input type="checkbox"/> Other: _____</p> <p>Number of copies requested: _____</p>	<p>SPECIAL INSTRUCTIONS:</p> <p><input type="checkbox"/> I would like to pick up my transcript(s) <input type="checkbox"/> Please FAX (\$5 fax fee applies) <input type="checkbox"/> Rush shipping (FedEx/UPS fees apply) <input type="checkbox"/> Other: _____</p> <p>PAYMENT OPTIONS:</p> <p><input type="checkbox"/> Cash (in person only, please) <input type="checkbox"/> Check <input type="checkbox"/> Credit Card (VISA, MasterCard, Discover)</p> <p>Name on Card: _____ Number: _____ Expiration: _____ Card ID Data* _____ Billing Address for this Card: _____ _____</p> <p>Signature: _____ *This is the 3 digit code that follows your card number in the signature panel on the reverse side of your card</p>
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<p><input type="checkbox"/> Mail transcript(s) to: _____ <input type="checkbox"/> Additional addresses attached on separate sheet.</p>	<p><input type="checkbox"/> FAX & Mail transcript(s) to: FAX # _____ Phone # _____</p>
(FedEx/UPS require an actual street address—no P.O. Boxes. International shipments require phone number.)	

<p>FOR OFFICE USE ONLY:</p> <p>Date Sent: _____ Amount due: _____ Amount paid: _____ Balance due: _____</p>
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