

REQUEST FOR OFFICIAL TRANSCRIPT

- (1) OFFICIAL TRANSCRIPTS MAY NOT BE RELEASED UNTIL ALL FINANCIAL OBLIGATIONS TO THE UNIVERSITY HAVE BEEN MET.
- (2) COST: \$5.00 for one transcript, plus \$2.00 for each additional ordered on same request (First transcript ever ordered: FREE, plus \$2.00 for each add'l ordered on same request)
- (3) FAXING: 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.
- (4) PROCESSING TIME: Please allow 2 business days for processing.

STUDENT NAME: Last			First			M.I.		
Current Street Address								
City			State			Zip		
Daytime Phone or Email Address			Student I.D. # or SSN			Birth Date		
Student 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, list the semester & year last enrolled: _____</p> <p>Courses taken at: <input type="checkbox"/> LAW <input type="checkbox"/> AGSM <input type="checkbox"/> MAT <input type="checkbox"/> Prof.Educator/CET <input type="checkbox"/> Undergraduate/CLA</p> <p>Number of copies requested: _____</p> <p>SPECIAL INSTRUCTIONS: _____ _____ _____</p>	<p>HANDLING OPTIONS:</p> <p><input type="checkbox"/> Process this request immediately <input type="checkbox"/> Wait for semester grades <input type="checkbox"/> Wait for posting of degree <input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> I will pick up my transcripts <input type="checkbox"/> Mail my transcripts as shown below <input type="checkbox"/> FAX & Mail transcripts (add'l \$5 FAX fee) <input type="checkbox"/> Rush Shipping via UPS (additional cost) (No rush shipping to P.O. Boxes. International rush shipping requires recipient's phone number.)</p>
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SEND-TO ADDRESS: _____	<input type="checkbox"/> See additional addresses attached on separate sheet
Recipient's Phone # _____	Recipient's FAX # _____
_____ _____ _____	

FOR OFFICE USE ONLY: Amount due: _____ Amount paid: _____ Balance due: _____

Student Name: _____	Date of Request: _____
PAYMENT OPTIONS: <input type="checkbox"/> Cash (in person only) <input type="checkbox"/> Check or Money Order # _____	
<input type="checkbox"/> Credit/Debit Card (Card Type: VISA, MC, DISC, AMEX) Total: \$ _____	
Cardholder's Name (as shown on Card): _____	
Billing Address: _____	
Card Number: _____	
Expiration (MM/YY) _____	Card ID Data (3-digit code # on back of Card): _____