



Transcript Request Form

Each student is entitled to one free transcript when currently enrolled. Additional transcripts cost \$5.00. All financial obligations to WSCN must be fulfilled before a transcript will be issued. Please allow 5 business days for all requests. Rush delivery is not available. This request may only be completed by the person whose credit appears on the transcript. Please return this form to the Office of the Registrar.

Student Name: _____

Date: _____ Phone #: _____

Address: _____

Birth Date: _____

Other possible name (for example, maiden name): _____

Dates of Attendance: _____

Student Signature: _____

How should the transcript be released?

_____ Mailed directly to another organization. Please indicate address(es) below.

_____ In person pick up in 5 business days. Number of transcripts requested _____

Transcript Mailing Address: _____

Method of Payment (please circle one): Cash Credit Card Check Money Order

Credit Card Number: _____ Exp Date: _____

V-Code (3-digit number on signature line of credit card): _____

* For additional addresses, attach a second sheet.