

# REQUEST FOR RELEASE OF ACADEMIC TRANSCRIPT

FOR COMPLETION BY REGISTRAR'S OFFICE

DATE MAILED: \_\_\_\_\_

STUDENT ID: \_\_\_\_\_

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ INITIAL: \_\_\_\_\_

MAIDEN NAME OR OTHER NAME(S): \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ LAST YEAR ATTENDED WC: \_\_\_\_\_  
(IF NOT CURRENTLY ENROLLED)

HOME ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

HOLD FOR CURRENT SEMESTER GRADES?  YES  NO

NUMBER OF COPIES ORDERED: \_\_\_\_\_

MAIL TRANSCRIPT TO:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

STUDENT SIGNATURE

DATE OF REQUEST

**THIS FORM SHOULD BE COMPLETED AND SENT TO THE REGISTRAR'S OFFICE.**