Transcript Request

Registration & Records
800 Main Street, Pewaukee, WI 53072
262-691-5280 (Phone)
262-691-5123 (Fax)

Instructions (Please print clearly):
- Complete one form for each request.
- Transcripts are not issued to a student with a financial obligation to the College.
- Official transcripts may be issued to the student, but must remain in a sealed envelope.

Date submitted_____

Fees
Payment must accompany the transcript request.
$5.00 per copy
Mastercard, Visa and Discover card accepted.

_____
Card Number **Expiration date**

_____ Number of transcripts required
_____ Hold transcript for pickup
_____ Mail transcript after:_____
_____ Grades for current semester are recorded.
_____ Graduation information recorded.
_____ Change of grade recorded for _____ (Course number)
_____ Mail immediately

Please print your information below

Name _____ Student ID/SS# _____
(Last) (First)

I hereby give consent to have my transcript(s) released. *Due to the Family Rights and Privacy Act of 1974, student's signature is required for release of transcripts(s).*

Signature: _____

Name at time of attendance _____

Current Address_____

City_____State _____ Zip _____

Date of Birth_____ Telephone # (_____)_____ Are you currently enrolled? Yes ___ No ___

Dates of attendance _____ Did you graduate? Yes ___ No ___

Name of program _____ Transcript type? Credit____ Non-credit ____

Mail transcripts to: (please give complete address)

Name of School or Employer _____

Attention _____ Address _____

City _____ State _____ Zip _____

Fax transcripts to: (faxed transcripts are *not* official**)**

Fax number _____ Name/attention _____

Please allow 3-5 business days from receipt of request.

For office use only

Transcript mailed _____
Transcript paid on _____
Transcript issued/faxed _____
Initials _____

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www.wctc.edu