

**For faster submission and processing,
please submit your request via the secure
electronic transcript ordering portal, Parchment:
<https://www.parchment.com/u/registration/34224/account>**

Both paper and electronic (PDF) transcripts are available
via the secure Parchment portal for a total of \$9.00.

Submitting this F request form carries an additional
\$2.00 paper processing fee for a total of \$11.00.

The form will not be processed unless payment has been
received via the payment portal referenced on the next page.

Only paper copies are available via this request form.

Hf U b g Wff]Yd la g] ` Y XZ]j f] gUa` UG` DUg` g`
D` Y UG` Y` c lkY i` g] bXUg` Zc` f` ` d f c WY g g] b ["

Office of the Registrar

Transcript Request Form

Instructions:

1. **Submit payment** via <https://wittenberg.jotform.com/230544633364959>.
An emailed payment receipt will be sent to the email used for submission.
2. Email completed Transcript Request Form to registrar@wittenberg.edu.

Note: The University reserves the right to not issue transcripts if the student's financial obligations to the University are not paid or are overdue. Current phone number and email are requested below so that we may contact you if we are unable to process your request.

Full Name: _____		Birth date (mm/dd): _____	
Full Name while attending Wittenberg (if different): _____			
Current phone: _____		Current email: _____	
Please select one:		<input type="checkbox"/> Current Student	<input type="checkbox"/> Graduate
		<input type="checkbox"/> Master's Student (current or former)	<input type="checkbox"/> Non-Graduate
Approximate dates of attendance: _____			
Reason for transcript:		<input type="checkbox"/> Summer school	<input type="checkbox"/> Scholarship
		<input type="checkbox"/> Transfer to another university	<input type="checkbox"/> Other: _____

Number of copies requested: _____	Total cost (\$11 each): \$ _____
Please visit https://wittenberg.jotform.com/230544633364959 to submit payment (preferred). Checks made out to Wittenberg University are accepted if mailing the request form (please do not mail cash).	

Please release my transcript(s) to:	
Name/Organization:	_____
Street Address:	_____
City/State/Zip:	_____
<input type="checkbox"/> I would like to pick the transcript up in person (photo ID must be presented)	

Under the provisions of the Family Education Rights and Privacy Act of 1974,
I authorize the Office of the Registrar to release a transcript(s) of my academic record
to the individual/organization stated on this request.

Student signature authorizing release

Date

Questions? Please email registrar@wittenberg.edu or call (937) 327-6131.

OFFICE OF THE REGISTRAR USE ONLY			
Date received: _____	Rec'd by (initials): _____	Via:	<input type="checkbox"/> in person <input type="checkbox"/> email <input type="checkbox"/> mail <input type="checkbox"/> fax
Amount Paid: _____	Receipt Attached: <input type="checkbox"/> yes <input type="checkbox"/> no	Paid via:	<input type="checkbox"/> Registrar Pay Site <input type="checkbox"/> Check <input type="checkbox"/> Cash (in person only)
Date Processed: _____		Processed by (initials): _____	