TRANSCRIPT REQUEST

You can use this form to obtain the required transcripts from the schools you have attended.

Be sure to check with the school(s) to find out the fee they charge for official transcripts, and include that fee when you send your request form to the Registrar’s Office at each school. Contact the Registrar’s Office (at some schools called the Records Office) by phone or through the school’s website to obtain the amount of the fee and the proper address or FAX number (if the school approves this mode of request).

Make sure that you sign the request, as most schools require a signature in order to send the transcript.

To: ____________________________________________________________
(name of the school)

Please send an official transcript of my work dating from________ to_________ to the address below:

School of Community Education
Wittenberg University
PO Box 720
Springfield, OH 45501-0720

Name____________________________________(Former Name)____________________________________
Address__________________________________________________________
__________________________________________________________

Social Security number or Student number________________________________________

Phone_(____)____________________ Date of Birth________________________________________

Graduated:  No  Yes  Date___________________ Degree__________________________

Check enclosed for $___________________

*Credit Card Payment: $___________ Card Type____________________ Expiration date: Mo.____ Yr.____
Card #________________________________ Cardholder name_________________________________

Signature______________________________________________________________

Date______________________________________________________________

*Alternative: Some colleges will accept credit card payment by phone or e-mail after they have received a Request form. Obtain instructions from the college’s Registrar’s Office before you send the Request form.