Transcript Request Form

Please Print Clearly

☐ Curriculum

Student ID# or Date of Birth: ______________________

Name: ________________________________

First Middle/Maiden Last

Address: ________________________________

Current PO Box or Street Address

City State Zip

☐ Check here to update your mailing address.
☐ Check here to update your telephone number.
If your name has changed since your record was established, please print original name:

______________________________

Year Last Attended WPCC: ________________

Indicate if your last enrollment was before 1983 __________

Note: Allow at least 3 days during the semester and 1 week at the end of the semester for transcripts to be sent. If someone other than the person requesting transcript is to pick it up, written authorization will be required.

Select from the following: Specify number of copies (Use Comments Section for any details)

☐ Unofficial Transcript copy (Personal use only)

☑ Official Transcript copy(s) _______

☐ College / University
☐ Employer / Potential Employer
☐ Military
☐ Scholarship
☐ WIA/TAA

Total Number of Transcripts _______

☐ Placement Test Scores (Official)
☐ Current Semester Schedule (Official)
☐ Other (Please Specify) _____________________________

* * * * * * * * *

☐ Pick up transcript
☐ Mail transcript now
☐ Pick up after posting current semester grades
☐ Mail after posting current semester grades

☐ We must have your signature and date for your transcript to be processed:

Signature: __________________________

Date: ________________

Note: You are allowed 3 free transcripts per academic year, after that; there will be a $3.00 charge for each additional transcript.

Contact Telephone #: __________________________

List all names and addresses below. If you need additional space, please use the back of the form.

Mail Transcript To:

____________________________________________

____________________________________________

____________________________________________

____________________________________________

____________________________________________

____________________________________________

____________________________________________

Comments: __________________________

____________________________________________

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We must have your signature and date for your transcript to be processed:

Signature: __________________________

Date: ________________

Amount Received: _________________________

Transcript Mailed: ________________________

11/2015