Transcript Request Form

The Family Rights and Privacy Act of 1974 requires the student's signature. By signing this request, I authorize UW-Extension Student Records to release my transcript to the Recipients listed below. If you need additional room, please use additional sheets.

Student Information

Name (Last, First, Middle)			Today's Date
Name while enrolled/previous names(s) *Please include documentation of name change with this request (drivers license or current ID)*			Date of birth (optional)
Signature (required)			
Current mailing address (Street, Apt. # if applicable)			
City	State	Zip	Country
Telephone (incl. area code) ( )		Email	

Course Information

Title of course(s) (Transcripts will include information on all classes for which we have records)	Approx. date(s) attended

Reason for this request: ☐ Employment ☐ Education ☐ Other (please specify) _____

Delivery Information:

Please allow three business days for processing. Overnight requests received after 1:00 p.m. will be processed the next business day.

Recipient 1: Number of transcripts needed: ____ Name and address: Recipient's phone number:	Recipient 2: Number of transcripts needed: ____ Name and address: Recipient's phone number:
Special Instructions:	

Payment Information

Transcript fee = $10.00 per transcript. For overnight delivery service, please add $20 for each recipient. Total # of transcripts/normal delivery ($10 ea.): _____ Total # transcripts/overnight delivery ($30 ea): _____	Total fee due:

☐ Check enclosed (make payable to University of Wisconsin-Extension) ☐ Pay by Credit Card (see below)

Type of credit card: MC ○ VISA ○ AMEX ○ DISCOVER ○	Credit card number (For your security, please do not e-mail credit card information):	Expiration Date
Cardholder's name:	Cardholder's signature (required)	

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