Transcript Request Form

Return completed forms to the Registrar’s Office at oel-registrar@uwex.edu.

1. Student Information

Name (Last, First, Middle): _______________________________________________________________

Name while enrolled/previous names: ______________________________________________________

Current Mailing Address: _________________________________________________________________

City, State, Zip Code: ________________________________________ Birth Date: ____________________

Email Address: _______________________________________ Phone: (______) ___________________  

2. Transcript Request (Please allow up to three business days for processing)

Approximate date(s) attended: ___________________________ __________________________ Start       End

Reason for this request: □ Employment □ Education □ Other _________________________________

Name of Recipient: _____________________________________________________________________

Recipient’s Mailing Address: ______________________________________________________________

Attention (if applicable): _________________________________________________________________

City, State, Zip Code: __________________________________________________________________

Recipient’s Phone Number: (______) ____________________ Number of Copies: _________________

Special Instructions: ___________________________________________________________________

The Family Rights and Privacy Act of 1974 requires the student’s signature on transcript requests. By signing this request, I authorize the UW-Extension Registrar’s Office to release my transcripts to the recipient listed above. Transcript requests sent to other recipients must be completed on a separate form.

Student Signature: _____________________________________________ Date: ______________