

Transcript Request Form

Return completed forms to the Registrar's Office at oe1-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: <input type="checkbox"/> Employment <input type="checkbox"/> Education <input type="checkbox"/> 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: _____