UW flexible option
UNIVERSITY OF WISCONSIN SYSTEM

BSBA Transcript Request Form

The Family Rights and Privacy Act of 1974 requires the student's signature to release student records. To request a transcript, please complete this form. Transcript requests will be processed within three business days from the time we receive the request, unless you are contacted for additional information or status updates.

Student Information:

Name (Last, First, Middle Initial)	Birth Date (mm/dd/yyyy)	
Name while enrolled/previous name(s)	Phone Number, including area code	
Current Street Address	City, State, Zip	Country
Update Address in our records to Current Street Address Listed Above? Yes No	Email Address	

Transcript Recipient Information: Please complete a separate request for each recipient.

Recipient Name	Recipient Street Address	Recipient City, State, Zip Code
Attention To/Special Instructions		Number of Copies to this Recipient
Approximate date(s) attended Start Date:	End Date:	

By signing this request, I authorize the UW-Extension's Registrar's Office to release my transcript to the recipient listed above. (*Electronic signatures are not accepted*)

Signature	**Today's Date**

Form Submission Options:

- Mail your signed Transcript Request Form to:
  University of Wisconsin-Extension - Office of the Registrar - 5602 Research Park Blvd., Suite 300 - Madison, WI 53719
- Fax your signed Transcript Request Form to our secured fax line: (608) 262-4096
- Email a scan of your signed Transcript Request Form to: oel-registrar@uwex.edu