

SUDS 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 Extended Campus Registrar's Office to release my transcript to the recipient listed above. (Electronic signatures are not accepted)

Signature	Today's Date
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Form Submission Options:

- Mail your signed Transcript Request Form to:
University of Wisconsin Extended Campus - 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