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 Extended Campus 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: ______________

University of Wisconsin Extended Campus | Office of the Registrar | 780 Regent Street, Suite 130, Madison, WI 53715