

## 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?  <div style="text-align: right;">Yes                      No</div>	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  <div style="display: flex; justify-content: space-between;"> <span>Start Date:</span> <span>End Date:</span> </div>		

**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  
780 Regent Street, Suite 130  
Madison, WI 53715
- Fax your signed Transcript Request Form to our secured fax line: (608) 262-4096
- Email a scan of your signed Transcript Request Form to: [registrar@uwex.wisconsin.edu](mailto:registrar@uwex.wisconsin.edu)