

UW Extension

Transcript Request Form

The Family Rights and Privacy Act of 1974 requires the student's signature. By signing this request, I authorize UW-Extension Student Records to release my transcript to the Recipients listed below. If you need additional room, please use additional sheets.

Student Information

| | | | | |
|---|--|-------|--------------------------|---------|
| Name (Last, First, Middle) | | | Today's Date | |
| Name while enrolled/previous names(s) <i>Please include documentation of name change with this request (drivers license or current ID)</i> | | | Date of birth (optional) | |
| Signature (required) | | | | |
| Current mailing address (Street, Apt. # if applicable) | | | | |
| City | | State | Zip | Country |
| Telephone (incl. area code) () | | | Email | |

Course Information

| | |
|--|--------------------------|
| Title of course(s) (Transcripts will include information on all classes for which we have records) | Approx. date(s) attended |
| | |

Reason for this request: Employment Education Other (please specify) _____

Delivery Information:

Please allow three business days for processing. Overnight requests received after 1:00 p.m. will be processed the next business day.

| | |
|---|---|
| Recipient 1: Number of transcripts needed: _____ Name and address: Recipient's phone number: | Recipient 2: Number of transcripts needed: _____ Name and address: Recipient's phone number: |
| Special Instructions: | |

Payment Information

| | |
|--|----------------|
| Transcript fee = \$10.00 per transcript. For overnight delivery service, please add \$20 for each recipient. | Total fee due: |
| Total # of transcripts/normal delivery (\$10 ea.): _____ Total # transcripts/overnight delivery (\$30 ea): _____ | |

Check enclosed (make payable to University of Wisconsin-Extension)

Pay by Credit Card (see below)

| | | |
|--|---|-----------------------------------|
| Type of credit card: MC VISA AMEX DISCOVER | Credit card number (For your security, please do not e-mail credit card information): | Expiration Date |
| Cardholder's name: | | Cardholder's signature (required) |

UW-Extension Student Records
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