



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 the Transcript Request Form (page 1) and follow the payment guidance provided on the Transcript Payment Information Form (page 2).

Transcript requests will be processed within three business days from the time we receive the request, provided final grades are available for all courses at the time your request is received and all fees are received. You will receive email confirmation from the transcript department email, oel-transcripts@uwex.edu.

Student Ir	formation:
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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	Email Address		
to Current Street Address Listed Above? Yes No			
*Note: If you need to have your name updated, please fill out the Student Record Update Request form found on our website and submit along with this request			

Course Information: Courses must have a final course grade prior to processing this request. Transcripts will include information on all completed courses we have records for. Please use the reverse side to list additional courses.

Registration ID Number	Course Number	Course Name/Title	Approx. or Anticipated Completion Date

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

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Recipient Name/Attention to		Recipient Street Address	Recipient City, State, Zip Code			
Special Instructions			Number of Copies to this Recipient			
Is this an overnight request?		Note: Due to staff working remotely during COVID-19, our outgoing mail and				
Ye	s N	overnight pickups are limited to Tuesda	ay and Friday mornings. All transcript			
		requests and payments must be received	ed no later than 2pm CST the day prior.			

By signing this request, I authorize the UW Extended Campus to release my transcript to the recipient listed above. (Electronic signatures are not accepted)

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I	Signature	Today's Date			

Form Submission Options:

- Mail your signed Transcript Request Form to:
 University of Wisconsin-Extended Campus Attn: IL Transcript Request 5602 Research Park Blvd., Ste 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-transcripts@uwex.edu.

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