



### Overnight Transcript Payment Information Form

**DUE TO THE SENSITIVE AND CONFIDENTIAL NATURE OF THE INFORMATION REQUESTED BELOW  
DO NOT SUBMIT PAYMENT VIA EMAIL – SEE BELOW FOR PAYMENT OPTIONS**

**OVERNIGHT Payment Information:**

- Requests for overnight transcripts will be charged for expedited service (total charge of \$20 per overnight transcript) and must be **received no later than 10:00 am CT** on the business day you wish to have them sent. Any request received after that time will be processed the next business day.
- Submission of the Credit Card Authorization section of this form following the options in the table below is only required if you are requesting **overnight** processing AND paying by credit card via mail or fax. Check payments and credit card payment received via phone for overnight processing requests do not require submission of this form.

**OVERNIGHT Payment Options & Submission:**

Payment Options	Guidelines	Submission Options
Credit Card	If paying by credit card, you may use MasterCard, Visa, American Express or Discover.	Mail: Complete and sign the Credit Card Authorization section of this form and mail along with your signed Transcript Request Form to: University of Wisconsin-Extension - Office of the Registrar - 5602 Research Park Blvd., Suite 300 - Madison, WI 53719.
		Fax: Complete and sign the Credit Card Authorization section of this form and fax along with your signed Transcript Request Form to our secured fax line: (608) 262-4096.
		Phone: Call our Student Services team at 1-877-895-3276 or (608) 262-2011 and provide credit card information over the phone. Be sure to submit your signed Transcript Request Form via mail, fax or email.
Check	Made payable to the <b>University of Wisconsin-Extension</b>	Mail: Mail your check along with your signed Transcript Request Form to: University of Wisconsin-Extension - Office of the Registrar - 5602 Research Park Blvd., Suite 300 - Madison, WI 53719.

**Credit Card Authorization (for mail or fax of OVERNIGHT processing fees):**

Name (Last, First, Middle Initial)		Today's Date	
Number of Transcripts Requested	Total Overnight Fee Due	Method of Payment	
		Check (enclosed)      Credit Card (see below)	
Type of Credit Card			
MASTERCARD		VISA	AMERICAN EXPRESS      DISCOVER
Credit Card Number		Credit Card Expiration Date (mm/yr)	
Cardholder Name		Cardholder Signature ( <i>Electronic signatures are not accepted</i> )	