



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, transcripts@uwex.wisconsin.edu.

Stud	lent I	Infor	rmati	ion:
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Name (Last, First, Middle Initial)				Birth Date (mm/dd/yy	(y)
*Name while enrolled/previous name(s)				Phone Number, includ	ing area code
Current Street Address				City, State, Zip	Country
Update Address in our records			Email Address		
to Current Street Address Listed Above?	Yes	No			

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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Institution/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? Yes		Note : Transcripts are processed on Tuesdays and Fridays. All transcript requests and payments must be received no later than 2pm central time 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 Requests - 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: transcripts@uwex.wisconsin.edu.