



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.

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		Recir	pient Street Address	Recipient City, State, Zip Code			
	, , , , , , , , , , , , , , , , , , ,						
Special Instructions				Number of Copies to this Recipient			
	.,						
Is this an overnight request?		Note: Overnight requests received by 10	0:00 am CT will be processed the same day.				
	Yes	No	Requests received after 10:00 am CT will be processed on the next business day.				
			Please refer to the Transcript Payment Information Form (page 2) for overnight fees.				
			riease refer to the franscript rayment in	inormation rotti (page 2) for overlight rees.			

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.

^{*}**Note:** If you need to have your name updated, please fill out the Student Record Opdate Request form found on our website and submit along with this request form.