



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 | | <u>.</u> | |
| 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 |
|---------------------------|------------------|-------------------|--|
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Transcrint Recipient Information: Please complete a separate request for each recipient

| Transcript Necipient information. Flease complete a separate request for each recipient. | | | | | | |
|--|-----|--------------------------|---|------------------------------------|--|--|
| 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: Transcripts are processed on Tuesdays and Fridays. All transcript | | | |
| | Yes | No | 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)

| _ | | | | | | | |
|---|-----------|--------------|--|--|--|--|--|
| 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: oel-transcripts@uwex.edu.

form.