



# Request for Transcript

**(ALLOW 5-7 WORKING DAYS FOR PROCESSING)**

Office of the Registrar  
Wittenberg University

Post Office Box 720  
Springfield, Ohio 45501

There is a \$3.00 charge for each transcript.

Name

\_\_\_\_\_  
LAST (CURRENT)                      FIRST                      MIDDLE                      MAIDEN (IF APPLICABLE)

Permanent Address:

\_\_\_\_\_  
STREET

\_\_\_\_\_  
CITY/STATE/ZIP

Social Security Number: \_\_\_\_\_ Campus Box #: \_\_\_\_\_

Major: \_\_\_\_\_ Local Phone: \_\_\_\_\_

Print clearly complete name and address (in the box below).

**Mail transcripts to:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Number of Copies Requested \_\_\_\_\_

Please complete **one** of the following:

- 1) Current Student (*Class Year*) \_\_\_\_\_
- 2) Graduate (*Year Conferred*) \_\_\_\_\_
- 3) Non-Graduate (*Year Last Attended*) \_\_\_\_\_
- 4) Graduate level coursework \_\_\_\_\_

Do copies need to be signed & sealed?

(sealed in envelope with the Registrar's signature stamped across back flap)

Hold request for:

- Final grades for \_\_\_\_\_ semester
- Transfer credit *from* another university
- Grade change for: \_\_\_\_\_
- Degree to be posted

Under the provisions of the Family Education Rights and Privacy Act of 1974, I authorize the Registrar to release a transcript(s) of my academic record to the individual(s) and/or organization stated on the request.

**X** \_\_\_\_\_  
**STUDENT SIGNATURE FOR RELEASE                      DATE**

FOR OFFICE USE ONLY

Amt. Paid: \_\_\_\_\_ Mailed: \_\_\_\_\_