



Request for Transcript
 (ALLOW 5-7 WORKING DAYS FOR PROCESSING)

Office of the Registrar Post Office Box 720
 Wittenberg University 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: _____ **Birthdate:** _____

E-mail: _____ **Home or Cell Phone:** _____

Print clearly the complete mailing address:

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: _____