Transcript Request Form

The Family Rights and Privacy Act of 1974 requires the student's signature. By signing this request, I authorize Student Records to release my transcript to the Recipients listed below. If you need additional room, please use additional sheets.

| Student Information | | | | |
|--|----------------------|--|--------------------------|-------------------------------|
| Name (Last, First, Middle) | | | | Today's Date |
| Name while enrolled/previous names(s) | | | Date of birth (optional) | |
| Please include documentation of name change with this request (drivers license or current ID) | | | | |
| Signature (required) | | | | |
| Current mailing address (Street, Apt. # if applicable) | | | | |
| City | State | Zip | Country | |
| Telephone (incl. area code) (| | Email | | |
| Course Information | | | | |
| Title of course(s) (Transcripts will include information on all classes for which we have records) | | | | Approx. date(s) attended |
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| Reason for this request: ☐ Employment ☐ Edu | cation \square | Other (please specify | ۸ | |
| Reason for this request. | Callon 🚨 | Office (please specify | () | |
| Delivery Information: | | | | |
| Please allow three business days for processing. Overnight reque | sts received afte | r 1:00 p.m. will be proc | essed the next | business day. |
| Recipient 1: Number of transcripts needed: | | Recipient 2: Number of transcripts needed: | | |
| Name and address: | | Name and address: | | |
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| Recipient's phone number: | Recipient's phone nu | Recipient's phone number: | | |
| Special Instructions: | | | | |
| | | | | |
| Payment Information | | | | |
| Transcript fee = \$10.00 per transcript. For overnight delivery service, please add \$20 for each recipient. | | | | Total fee due: |
| Total # of transcripts/normal delivery (\$10 ea.): Total # transcripts/overnight delivery (\$30 ea): | | | | |
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| ☐ Check enclosed (make payable to University of Wisconsin-Madison) ☐ Pay by Credit Card (see below) | | | | |
| Type of credit card: Credit card numb | er (For your sec | urity, please do not e-r | mail credit card | information): Expiration Date |
| MC VISA AMEX DISCOVER | | | | |
| Cardholder's name: | | Cardholder's signat | uro (roquirod) | |
| L COLUMNIE SUGUE | | | | |