

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) <i>Please include documentation of name change with this request (driver's license or current ID).</i>			Date of birth (optional)	
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 ☐ Education ☐ Other (please specify) _____

Delivery Information:

Please allow three business days for processing. Overnight requests received after 1:00 p.m. will be processed the next business day.

Recipient 1: Name and address: Recipient's phone number:	Number of transcripts needed: _____	Recipient 2: Name and address: Recipient's phone number:	Number of transcripts needed: _____
Special Instructions:			

Payment Information

Transcript fee = \$15.00 per transcript. Overnight delivery service not available. Total # of transcripts/normal delivery (\$15 ea.): _____	Total fee due:
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☐ **Check enclosed** (make payable to University of Wisconsin-Madison)

☐ **Pay by Credit Card** (see below)

To pay by credit card, please use the link below to submit both your Transcript Request Form and your credit card payment.

[Submit Transcript Request Form and Payment](#)

To pay by check, please mail your completed Transcript Request form and check to the address below.

Student Records
The Pyle Center, Room 139
702 Langdon Street, Madison, WI 53706-1487
Phone: (608) 262-2451 Fax: (608) 265-3163
Email: studentrecords@pyle.wisc.edu Website: <https://pyle.wisc.edu>