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)			То	day's Date	
Name while enrolled/previous names(s) Please include documentation of name change with this request (driver's license or current ID).			Da	ate of birth (optional)	
Signature (required)					
Current mailing address (Street, Apt. # if applicable)					
City	State	Zip	Country	ntry	
Telephone (incl. area code)					
Course Information					
Title of course(s) (Transcripts will include information on all classes for which we have records)				Approx. date(s) attended	
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: Number of transcripts need Name and address:	led: Re	ecipient 2: ame and address:		nber of transcripts needed:	
Recipient's phone number:	Re	Recipient's phone number:			
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:	
□ 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