

**TRANSCRIPT REQUEST FORM**

THE COLLEGE OF

**WOOSTER**

Office of the Registrar  
College of Wooster  
Wooster, OH 44691

PHONE (330) 263-2623  
FAX (330) 263-2260

Under the provisions of the Family Education Rights and Privacy Act of 1974, I authorize the Registrar to release my transcript to all parties indicated on this page.

Financial obligations must be met before transcripts may be released.

Official transcript fee is \$4 per copy.  
We accept **cash, check, and money order.**  
Students on campus can use **COW card.**

**NAME:** \_\_\_\_\_  
Last First Middle

**LAST NAME WHILE ATTENDING:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
Street  
\_\_\_\_\_  
City/State/Zip Code ( ) Phone Number

**SOCIAL SECURITY NUMBER:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**I am: (complete one)**

**Current Student**

**Former Student**

**Last Year of Attendance**

\_\_\_\_\_

**TODAY'S DATE:** \_\_\_\_\_ **DEADLINE DATE:** \_\_\_\_\_

Hold for  **Semester Grades**  **Until Graduation**

**OFFICE USE ONLY**

Total Quantity \_\_\_\_\_ **DATE ISSUED**  
Amount Enclosed \_\_\_\_\_  
Balance Due \_\_\_\_\_  
Clerk \_\_\_\_\_

Send \_\_\_\_\_ (Quantity) to:

Send \_\_\_\_\_ (Quantity) to:

Send \_\_\_\_\_ (Quantity) to:

Send \_\_\_\_\_ (Quantity) to:

Send \_\_\_\_\_ (Quantity) to:

Send \_\_\_\_\_ (Quantity) to: