TRANSCRIPT REQUEST FORM

THE COLLEGE OF
WOOSTER

Office of the Registrar
1189 Beall Avenue
Wooster OH 44691

Phone 330-263-2623
Fax 330-263-2260
registrar@wooster.edu

*Official transcripts are $4.00 each. We accept **COW** cards and **checks** or **money orders** made payable to "The College of Wooster". **Credit/Debit** cards can be processed through the Registrar's website. There is no charge for unofficial transcripts.*

Financial obligations must be met before transcripts will be released.

Full Name: _____
Last First Middle

Last Name while attending: _____

Address: _____
Street

_____
City / State / Zip Code

Phone Number: _____

E-mail Address: _____

Send:
[ ] Undergraduate transcript.
[ ] Include post-graduate / student teaching transcript.

I am a:
[ ] Current student
[ ] Former student ~ last year attended: _____

Please:
[ ] Send transcripts as soon as possible.
[ ] Hold until current semester grades are processed.
[ ] Hold until graduation date is reflected on transcript.

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

SIGNATURE: _____ **Date:** _____

REGISTRAR OFFICE USE ONLY

Total Quantity _____ [ ] Business Office cleared
Amount Enclosed _____
Balance Due _____ DATE ISSUED:
Clerk _____ _____

Transcript Type: [ ] Official [ ] Unofficial
Send ____ (quantity) copy to:

Transcript Type: [ ] Official [ ] Unofficial
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