



# Transcript Request Form

## Student ID#

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Name: \_\_\_\_\_ *or* Social Security#

Previous Name(s) if applicable: \_\_\_\_\_

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Address: \_\_\_\_\_

\_\_\_\_\_

Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Official Transcript(s) quantity \_\_\_\_\_

Student Transcript(s) quantity \_\_\_\_\_

### Check all that apply...

Please hold for posting of \_\_\_\_\_ grades.  
Semester Year

Please hold for posting of degree.

I am a Dual enrollment student.

Name of High School \_\_\_\_\_

I am an EOF student

\*Pick-Up Official Transcripts check here:

\*Pick-Up Student Transcripts check here:

**\*PLEASE COMPLETE ONE TRANSCRIPT REQUEST FORM PER RECIPIENT.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

I understand that completion of this form bearing my signature will allow WCCC send transcripts of work completed to the institution, business or person listed below.

**Important: Transcripts cannot be issued if there is a financial hold on your account.**

Please **release/mail** my academic transcript to:

(Please print address clearly)

INSTITUTION/NAME:
DEPT/ATTN:
ADDRESS:
CITY, STATE, ZIP

*Picking up your transcripts?  
They will be available in  
Student Services (please be  
sure to bring ID) allow 48  
hours processing upon receipt.*