



Transcript Request Form

Please mail, fax or hand carry your request to:
Office of the Registrar
Western Michigan University
1903 W. Michigan Avenue • Kalamazoo, MI 49008-5256
Telephone: (269) 387-4300 Fax: (269) 387-3545
Electronic and phone orders are not accepted.

Note: Each transcript will reflect ALL academic work completed at Western Michigan University. Transcripts printed on security paper cannot be duplicated or scanned. Please print legibly and complete all applicable information. Payment and student signature are both required at the time of ordering.

1. STUDENT INFORMATION

Western ID or SSN _____ Birth date _____ Attend prior to 1983? Y N

Name _____
First Name Middle Initial Last Name Maiden

Current mailing address _____
Number and Street City State Zip Code

Daytime Telephone (____) _____ E-mail address _____

2. REQUEST DETAILS

Official Transcripts \$5 ea _____
Unofficial Transcripts \$5 ea _____
Faxed (Rush) Transcripts \$10 ea _____
Fax Number: (____) _____
Attn: _____

Quantity

Faxed (Rush) Transcript Option includes:
1 unofficial - faxed
1 official - mailed
Faxed transcripts can only be unofficial.

Pick up now
 Send now
Or hold until: (optional)
 Grades posted (or changed): Term _____ Year _____
 Degree posted: Term _____ Year _____

3. MAILING INSTRUCTIONS

Mail service (choose one):

- First Class Mail Standard mail, no additional charge
- FedEx * Available in the US only. FedEx does not deliver to a PO Box.

* If you have selected FedEx service, you will be charged by WMU for the transcript(s) as well as by FedEx for the shipping fee. By your signature, you give WMU permission to give your credit card number to FedEx to be charged the appropriate shipping fee.


Requestor is responsible for clear and complete mailing address:

Institution/Company _____
Attn _____
Address _____
City _____ State _____ Zip Code _____
Country _____

4. PAYMENT INFORMATION

- Cash Check
 - Credit Card
- Please choose: Visa MasterCard Discover

Amount Enclosed: \$ _____

Name on credit card _____
Card number _____
Expiration Date _____ / _____ Security Number  _____
Authorized Signature _____

5. STUDENT SIGNATURE

Student Signature: **X** _____

Federal law requires the **student signature** of release for transcripts. Payment and student signature are both required at the time of ordering.

Date: _____

Transcripts will not be issued for anyone with financial obligations to the University. Normal transcript processing time is 3 - 5 business days upon receipt of request.

REGISTRAR'S OFFICE USE ONLY

Amount: \$ _____

- Cash
- Check
- Credit Card