



Please mail, fax, or deliver your request to:
 Office of the Registrar
 Western Michigan University
 1903 W. Michigan Avenue ♦ Kalamazoo, MI 49008-5256
 P: (269) 387-4300 ♦ F: (269) 387-3545
Email and phone requests are not accepted.

Transcript Request Form

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

Section 1: Student Information (Please print legibly and complete all applicable information.)

Western ID or SSN			Date of Birth			Did you attend WMU before 1983?	<input type="checkbox"/> Y	<input type="checkbox"/> N
First Name		M.I.		Last Name				
				Maiden Name				
Mailing Address						Apt. #		
City			State			Zip		
Daytime Phone			Email					

Section 2: Transcript Request Details

	Cost	How many?	Total Price	Optional: Please indicate if you would like your transcript held until final grades have been posted or degree has been awarded:			
WMU Official Transcript(s)	\$5		\$	Final Grades posted	Term	Year	
WMU Unofficial Transcript(s)	\$5		\$	Degree awarded	Term	Year	
Bronson School of Nursing (before 1999)	\$5		\$				

Section 3: Delivery Method

Pick up now

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 information to FedEx to be charged the appropriate shipping fee.

Fax** Faxed transcripts *can only be unofficial.*
Available in the US only.
Please complete the information to the right.

Section 4: Delivery Instructions

Requestor is responsible for clear and complete delivery instructions

To _____

Attention _____

Address _____

City _____ State _____ Zip Code _____

Country _____

Fax Number (include area code) _____

Attention _____

Section 5: Payment Information

Cash Check


Credit Card

Please choose: Visa MasterCard Discover

Total amount enclosed: \$ _____

Name on credit card _____

Card number _____

Expiration Date _____ / _____ Security Number  _____

Authorized Signature _____

Section 6: Student Signature authorizing release of transcript(s)

- ♦ Transcripts will not be issued for anyone with financial obligations to the University.
- ♦ Payment and student signature are both required at the time of ordering.

Student Signature: X _____

Federal law requires the student signature of release for transcripts.

Date: _____

Note: Normal transcript processing time is 3 - 5 business days upon receipt of request.

Registrar's Office Use Only
Amount: \$ _____
<input type="checkbox"/> Cash
<input type="checkbox"/> Check
<input type="checkbox"/> Credit Card