

Transcript Request Form

MOUNT SENARIO COLLEGE, LADYSMITH, WI

Return completed form to:

Wisconsin Association of Independent Colleges and Universities (WAICU)

Attn: Transcripts

122 W. Washington Avenue, Suite 700

Madison WI 53703-2723

Fax: 608.256.7065

Email: transcripts@waicu.org

Questions: 608.204.5221

transcripts@waicu.org

NOTE: There is a \$10.00 charge for each transcript issued. Enclose a signed copy of this form with your check or money order payable to "WAICU." If you wish to pay by credit card, please provide the information in the space provided below, or visit waicu.org to use PayPal. Normal processing time is 3-5 business days from receipt of request form and collected fees.

STUDENT'S SIGNATURE REQUIRED _____

Your signature authorizes WAICU to release your transcript (electronic signature is acceptable).

PLEASE TYPE OR PRINT CLEARLY

[NOTE: Supplying all requested information will expedite retrieval of your records.]

| | | | | | | |
|---|---|-------|--|--|--|-------------------------------------|
| Name | Last | First | Middle/MI | Other name(s) (maiden/married) | | |
| Identification Information | Date of Birth | | Social Security Number (last 4 digits) | | | |
| Current Address | Number & Street | | City | State ZIP | | |
| Contact Information | Daytime Telephone () | | Email Address | | | |
| Number of Transcripts Requested (\$10 each) | Official (Bears the seal of the college; cannot be mailed to student.) | | Total Official Transcripts | Unofficial (Marked <i>Issued to Student</i> ; does not bear the seal of the college; can be mailed to student.) | | Total Unofficial Transcripts |
| | Number Requested: _____ Provide mailing address(es) below. | | | Number Requested: _____ Mail to me <input type="checkbox"/> or to address(es) below <input type="checkbox"/> | | |

Purpose of transcript request: Job Application College Application Other _____

I request transcript(s) be mailed to [provide name, address, city, state, and ZIP]

Attach a separate sheet for additional addresses if needed.

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PAYMENT OPTIONS:

Check or money order enclosed.

PayPal: Name on PayPal account _____ Date Paid _____

Credit Card Information:

| | | |
|-----------------------------|----------------------------|----------------------|
| Name on Card | Circle One MC/VISA/AMEX | Card Number _____ |
| Expiration Date __/__/__ | Amount \$_____ | Address |
| City | State | Zip Code |

FOR WAICU USE ONLY

| | | | | |
|------------------------|----------------------|----------------------------|-----------------|-----|
| Date Request Received: | CC Reference Number: | Date Transcript(s) Mailed: | Request Logged: | By: |
|------------------------|----------------------|----------------------------|-----------------|-----|