

Transcript Request Form for MOUNT SENARIO COLLEGE, LADYSMITH, WI

Mail or Fax completed form to:

Wisconsin Association of Independent Colleges and Universities
Attn: Transcripts
122 W. Washington Avenue, Suite 700
Madison WI 53703-2723
Fax: (608) 256-7065

Questions: (608) 256-7761 x.221
info@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 (Visa or MasterCard only), please provide the information in the space provided below. 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 as requested.

PLEASE TYPE OR PRINT CLEARLY

[NOTE: Supplying all requested information will expedite retrieval of your records. Bold type indicates **required** information.]

Name	Last	First	Middle/MI	Name during Attendance	
Identification Information	Date of Birth	Social Security Number			
Current Address	Number & Street	City		State	ZIP
Contact Information	Daytime Telephone ()	Email Address			
College Information	Mount Senario College	Ladysmith			WI
Dates of Enrollment	From (Month/Year)	To (Month/Year)		Degree(s) Received/Year	
Number of Transcripts Requested (\$10 each)	Official (Bears the seal of the college; cannot be mailed to student.) Number Requested: _____ Provide mailing address(es) below.	Total Official Transcripts _____	Unofficial (Marked <i>Issued to Student</i> ; does not bear the seal of the college; can be mailed to student.) Number Requested: _____ Mail to me or to address(es) below	Total Unofficial Transcripts _____	

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.

Credit Card Information (Bold type indicates **required** information if you want to pay by credit card. A receipt will be furnished.)

Name on Card	Circle One MC/VISA	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: