

Transcript Request Form

HOLY FAMILY COLLEGE, MANITOWOC, WI

Return completed form to:

Wisconsin Association of Independent Colleges and Universities (WAICU)
 Attn: Transcripts
 P.O. Box 272
 Madison WI 53701-0272
 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.) 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 <input type="checkbox"/> or to address(es) below <input type="checkbox"/>		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.

PAYMENT OPTIONS:

- Check or money order enclosed.
- PayPal: Name on PayPal account _____ Date Paid _____
- Credit Card Information:

Name on Card	Circle One MC/VISA/DS	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: