Transcript Request Form
MOUNT SENARIO COLLEGE, LADYSMITH, 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.]

<table>
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<tr>
<th>Name</th>
<th>Last</th>
<th>First</th>
<th>Middle/MI</th>
<th>Other name(s) (maiden/married)</th>
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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.

Unofficial (Marked Issued to Student; does not bear the seal of the college; can be mailed to student.)
Number Requested: 
Mail to me ☐ or to address(es) below ☐

Official Transcripts

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:

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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:

Form: 85772.3
Revised 01-24-19