

# 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)	<b>Official</b> (Bears the seal of the college; cannot be mailed to student.)		<b>Total Official Transcripts</b>	<b>Unofficial</b> (Marked <i>Issued to Student</i> ; does not bear the seal of the college; can be mailed to student.)		<b>Total Unofficial Transcripts</b>
	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.*


**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:
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