



TRANSCRIPT REQUEST

Walla Walla University Academic Records Office
204 S. College Ave., College Place, WA 99324-3000
TEL 509-527-2811 FAX 509-527-2574

Date: _____

The minimum office preparation time required will be 2-3 working days. Please include \$5 per transcript requested.

Please print YOUR NAME and MAILING ADDRESS below.

To assist in retrieving your records, please list ALL your previous names.

First Middle Last

WWU ID Number: _____ Date of Birth: _____

Social Security Number: _____ Tel: _____

Attended WWU from _____ to _____

NOTE: ALL TRANSCRIPTS NEED RELEASE APPROVAL FROM STUDENT FINANCIAL SERVICES. TRANSCRIPTS WILL NOT BE RELEASED UNTIL ACCOUNT and/or WWU CO-SIGNED BANK NOTE IS PAID IN FULL.

____ Number of copies. *If transcripts are to be sent to more than one address, use additional forms.*

() Transcript to be mailed (should arrive within the next 7-10 days)

() Transcript to be picked up on: _____
Date

() Send transcript by FAX to: _____
Fax number

Student Signature
(Required on ALL requests)

Fax to attention of: _____

"I realize that the privacy of my information may not be maintained if transcript is faxed."

Special Instructions: _____
Wait until grades/degree posted, etc.

Please carefully print below the address to which your transcript(s) will be mailed:

For office use only
Financial Clearance _____
Date transcript mailed _____
Date transcript picked up _____
Date transcript faxed _____
Amount paid _____

Please complete payment information below.

PAYMENT INFORMATION

(\$5 per transcript requested)

Shipping and processing fees:

Standard: 7-10 Days No Additional Cost
Priority: USA Only + \$5
Overnight: Within USA + \$25
Canada/Overseas + \$45

Credit card information:

Name on Card: _____
Card #: _____
Expiration Date: _____
Security Code (on reverse side of card): _____

Payment method:

Cash Visa
 Check Master Card
 Credit Card Discover

Signature of Card Holder