



TRANSCRIPT REQUEST

Official transcripts requested in person, by mail or by fax are \$10 each copy.
 Official transcripts may also be ordered on-line at www.getmytranscript.com for \$5 each copy.
 Expedited – Additional \$25 each copy (*can't be delivered to a PO Box*)

Unofficial transcripts are available for FREE through the mywcc portal at www.waubonsee.edu/mywcc.

STUDENT INFORMATION:

(Please type or print legibly)

X-Number: _____ SSN# (last four digits): _____

**Name: (First) _____ (MI) _____ (Last) _____ Date of Birth: _____

Permanent Home Address: _____

City, State, Zip: _____ Phone Number: _____

** The name on the official transcript will be the same as the name on your official college record. If your name has changed and you would like your official transcript to reflect the change, you must complete the Student Information Change Form prior to submitting your transcript request.

Student Signature _____ **Date:** _____

RECIPIENT INFORMATION:

Number of Copies _____

(Please type or print legibly)

Name of Recipient: _____ Attention: _____

Street Address: _____

City _____ State _____ Zip _____

Check One: Pick up now Email: _____
 Mail Transcript *
 Email*

Expedited (additional \$25) (*can't be delivered to a PO Box*)

Hold for Final Grades _____ (semester)

After Degree is Awarded _____ (semester)

*In general official transcripts will be sent electronically to schools that participate in the Scrip-Safe Network. Electronic copies of official transcripts can be sent to an out-of-network recipients if an email address is provided.

PAYMENT INFORMATION: (Only complete information below if you are Mailing or Faxing in this request)

(Please type or print legibly)

Official transcripts will not be sent if financial requirements and/or academic record conflicts have not been resolved to the satisfaction of the College. **Check one:** Visa Mastercard Discover American Express Check # _____

Card #: _____ - _____ - _____ Expiration Date _____ CVV: _____

Billing Address:

Street Address: _____

City: _____ State: _____ Zip: _____

Name printed on card: _____

Authorized Credit Card Signature: _____