



TRANSCRIPT REQUEST

Official transcripts requested in person, by mail or by fax are \$10 each copy.

Please DO NOT email this form with payment information

Official transcripts may also be ordered on-line at www.waubonsee.edu/transcript 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: Take With Me Now
Mail Transcript

Transcripts requested using this form will be sent via postal mail. For faster service, please request your transcript online at www.waubonsee.edu/transcript

When to Send:

- Now
- Hold for Final Grades _____ (semester) Expedited (additional \$25) (*can't be delivered to a PO Box*)
- After Degree is Awarded _____ (semester)

PAYMENT INFORMATION: (Only complete information below if you are Mailing or Faxing in this request. Do not submit payment information by email)

(Please type or print legibly)

Official transcripts will not be sent if 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: _____