



TRANSCRIPT REQUEST FORM

Last Name: _____ First: _____ Middle: _____

Last Name used at school: _____ Social Security #: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

E-mail Address: _____ Phone: _____

Attended WSU Tech (previously WATC) prior to 2000: Yes No Registered in high school and WSU Tech at same time: Yes No

Send records now — do not hold for semester grades

Hold for semester grades

Transcript Request Guidelines

- Most transcripts are processed within five days of receipt of payment. Pre-1995 records may require extra time for research. There may also be some delay during peak periods such as commencement, start of term registration and final exams.
- Transcripts and duplicate awards cannot be requested by phone. Requests must be authorized by the student in writing and include proper photo ID. Requests by persons other than the student will not be honored.
- Transcripts will not be issued until all WSU Tech accounts are paid.
- All transcripts given to a student are stamped "Issued to Student" and some institutions will not accept them as official.
- Transcripts previously sent to WSU Tech from high schools or other colleges cannot be duplicated. Students must apply directly to the original school/college for transcripts.
- Transcripts and duplicate awards are **\$11.00 each***. **Make checks payable to WSU Tech**. WSU Tech accepts MasterCard and Visa credit and debit cards. If you would like to use your MasterCard or Visa, please complete the information below.

The fee for transcripts mailed to **Wichita State University is waived due to institutional affiliation.*

Number of unofficial transcripts requested: _____ x FREE = \$ 0.00

Number of official transcripts requested: _____ x \$11 each = \$ _____

Number of duplicate awards requested: _____ x \$11 each = \$ _____

Credit Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Debit <input type="checkbox"/> Credit			
Card Number: _____		Expiration Date: _____	
Cardholder's Signature: _____		Amount: \$ _____	

Students are responsible for accurate information. - Please print clearly.	For Office Use Only	
Send documents to:	Date/Amount	Staff Initial
Name: _____	____/____/____	
Address: _____	\$ _____	
City/State/ZIP: _____		
Name: _____	____/____/____	
Address: _____	\$ _____	
City/State/ZIP: _____		

Student's Signature: _____ Date: _____