



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 2009: ☐ 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

- No same day or expedited processing - requests are processed in the order they are received. Pre-2009 records may require extra time for research. There may also be delays 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.
- All transcripts given to a student are stamped "Issued to Student" and some institutions will not accept them as official.
- Students must print their own unofficial transcripts through their student portal online. Registrar's Office only provides unofficial transcripts for student records in the old student information system that are not available in the student portal.
- Unofficial transcripts can be e-mailed but official PDF transcripts must be ordered and sent through National Student Clearinghouse.
- 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 and for **active military or veteran students** is waived.*

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: ☐ MasterCard ☐ Visa ☐ Debit ☐ Credit

Card Number: _____ Expiration Date: _____

Cardholder's Signature: _____ Amount: \$ _____

Send documents to:	For Office Use Only	
	Date/Amount	Staff Initial
Name: _____ Address: _____ City/State/ZIP: _____	____/____/____ \$ _____	
Name: _____ Address: _____ City/State/ZIP: _____	____/____/____ \$ _____	

Student's Signature: _____ Date: _____