

Please mail, fax, or deliver your request to: Office of the Registrar Western Michigan University 1903 W. Michigan Avenue • Kalamazoo, MI 49008-5256

Transcript Request Form

Email and phone requests are not accepted.

Note: Each transcript will reflect ALL academic work completed at Western Michigan University. Transcripts printed on security paper cannot be

duplicated or scanned	d. Payment and studen	t signa	ture are requ	iired at the	time of orderin	ıg.	•	. 1	, , ,				
Section 1: Student I	nformation (<i>Please pr</i>	rint leg	ibly and cor	mplete all	applicable info	rmation	ı.)						
Western ID or SSN	D or SSN						Did you attend WMU before 1983?		Υ		N		
First Name		M			Last Name	Last Name							
riistivaine			IVI.		Maiden Name	Maiden Name							
Mailing Address					Apt. #								
City				State			Zip						
Daytime Phone				Email	mail								
Section 2: Transcript Request Details													
		Cost	How many? Total Pri		Optional: Please indicate if you would like your transcript held until								
WMU Official Transcript(s)		\$5		\$		final grades have been posted							
Notarized Official Transcript(s)		\$15 \$5		\$	Final Grad	Final Grades posted T		erm	Year				
WMU Unofficial Transcript(s)				\$		·		erm	Year				
Bronson School of Nursing (before 1999)				\$					Teal				
Section 3: Delivery Method Section 4: Delivery Instructions													
☐ Pick up now					Requestor is responsible for clear and complete delivery instructions								
Mail Service (choose one):					То								
☐ First Class Mail Standard Mail, no additional charge					Attention								
☐ FedEx* Available in the US only. FedEx does not deliver to a PO Box. See below for additional fee information .					Address								
					City State Zip Code								
*If you select FedEx service, you will be charged by WMU for the transcript(s) as well as a \$27 fee for standard overnight service with no Saturday delivery.					Country								
☐ Fax** Faxed transcripts <i>can only be unofficial</i> . Available in the US only.					Fax Number (include area code)								
	•	tion to the rig	ıht.	Attention									
Section 5: Payment Information													
Please choose: ☐ Visa ☐ MasterCard ☐ Discover					Card number								
					Expiration Date Security Number								
Total amount enclosed: _\$					Authorized Signature								
*Please make checks payable to West	, tationized digitation												
Section 6: Student S	Signature authorizing	release	of transcri	pt(s)									
 Transcripts will not be issued for anyone with financial obligations to Payment and student signature are both required at the time of order 					•	icgistral's Office Osc Offiy							
Payment and student signature are both required at the time of order					enng.	Amount Received: \$							
Student Signature: X							Amount	Received: \$					
Federal law requires the student signature of release for transcripts.								ash					
Date:						☐ Check ☐ Money Order							
Note: Normal transcript processing time is 3 - 5 business days upon receipt of request.								redit Card					