

Official Transcript Request Form

From the time your request is received in our office, please allow: • 3-5 business days for regular processing • 7-10 business days for processing at the beginning or end of a semester • 7-10 business days for processing if you attended prior to 1983 - Each student is allowed up to four free transcripts (special processing is extra), after which there is a \$5 per transcript charge. - If you have a hold or financial indebtedness prohibiting the release of your transcripts, the hold must be removed before your transcripts will be issued. - A letter releasing your transcripts to a friend or relative MUST accompany this form if they are picking it up or mailing your transcript for you. The letter must be signed and dated by you and include the name of the person picking up the transcript.		Send all transcript requests to: Weber State University Records Office 1102 University Circle Ogden, UT 84408-1102 Phone: (801) 626-6100 Fax: (801) 626-6936 Today's Date
W-Number or Social Security Number		Date of Birth
Name (please print) Last	First	MI
Former Name(s)		E-mail Address
		Contact Number
Street Address		Contact Number
City	State	Zip Code
Mail To: (if transcripts are to be mailed to more than one address, please attach a list.)		Fow Toy
Than To the transcripts are to be maried to more than one ad	idiess, piedse attacii a list.	Fax To: Faxes are UNOFFICIAL
Name:	idicas, picase attach a list.)	Fax Number:
Name:	arcas, picase attacii a iist.	
Name: Company/School	arcas, picase attacii a iist.	
Name:	arcas, picase attacii a iist.	Fax Number:
Name: Company/School	arcas, picase attacii a iist.	Fax Number:
Name: Company/School Street Address	arcas, picase attacii a iist.	Fax Number:
Name: Company/School Street Address City, State/Country	arcas, picase attacii a iist.	Fax Number:
Name: Company/School Street Address City, State/Country Zip Code	arcas, picase attacii a iist.	Fax Number:
Name: Company/School Street Address City, State/Country Zip Code Number of Copies to this address Please Check One:	oress, prease attach a list.	Fax Number: Attention to: Special Processing Fees
Name: Company/School Street Address City, State/Country Zip Code Number of Copies to this address Please Check One:		Fax Number: Attention to: Special Processing Fees Domestic Express Mail—Add \$20
Name: Company/School Street Address City, State/Country Zip Code Number of Copies to this address Please Check One: Mail Immediately Mail after final grades are posted for the current semes		Fax Number: Attention to: Special Processing Fees
Name: Company/School Street Address City, State/Country Zip Code Number of Copies to this address Please Check One:		Fax Number: Attention to: Special Processing Fees Domestic Express Mail—Add \$20
Name: Company/School Street Address City, State/Country Zip Code Number of Copies to this address Please Check One: Mail Immediately Mail after final grades are posted for the current semes	ter	Fax Number: Attention to: Special Processing Fees Domestic Express Mail—Add \$20
Name: Company/School Street Address City, State/Country Zip Code Number of Copies to this address Please Check One: Mail Immediately Mail after final grades are posted for the current semes Mail after degree is posted	ter	Fax Number: Attention to: Special Processing Fees Domestic Express Mail—Add \$20