



Western Iowa Tech Community College Transcript Request Form

Return to: WITCC Transcript Center
P.O. Box 5199, Sioux City, IA 51102-5199

-FOR OFFICE USE ONLY-
Paid by check/cash/credit card
Date _____ / _____ / _____ Receipt Date
Processed by: _____ Initials
Date _____ / _____ / _____

- *Transcript fee per request: First copy \$4.00; additional copies requested at the same time \$1.00 each.*
- *All outstanding balances with the college must be paid before transcripts will be processed.*
- *Incomplete forms will be returned to the requestor.*

Complete Name and Address: (Please Print)

_____	_____	_____
Last Name	First Name	Initial

Social Security Number		

Address		

_____	_____	_____
City	State	Zip
_____		_____
Signature		Phone Number

Hold for current semester grades. Yes No

If yes, are you graduating from Western Iowa Tech Community College at the end of the semester?

Yes No

Beginning Date of Attendance: _____

Please Mail **OR** Hold for Pick Up (Check one)

1.

Institution Name

Address

City, State, Zip

3.

Institution Name

Address

City, State, Zip

2.

Institution Name

Address

City, State, Zip

4.

Institution Name

Address

City, State, Zip

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