## WHEELOCK Office of Academ COLLEGE OFFICIAL TRA

Office of Academic Records and Registration OFFICIAL TRANSCRIPT REQUEST

Please complete the requested information below and allow 2-4 business days for processing of standard transcripts.

Please read: As of November 2009, transcript requests are now submitted electronically through the National Student Clearinghouse.

However, requests can still be submitted directly to Wheelock College using this form.

- 1. Please mail form to: Academic Records and Registration, Wheelock College, 200 The Riverway, Boston, MA 02215. Requests cannot be faxed.
- 2. All financial obligations to the college must be met before a transcript can be released.
- 3. A fee of \$8.00 is charged for each copy. Make check or money order payable to Wheelock College.
- 4. Use a separate form for each address to which you are sending transcripts.

Today's Date			Wheelock ID Number (c	Wheelock ID Number (current students)	
Last Name	First Name	M.I.	Forn	Former Name	
Street Address		City	State	Zip	
Please reach me	by:	Preferred contact informati	on (telephone number, email address)		
	1	referred contact miormati	(elephone number, eman address)		
Date of Birth			Social Security Number (used to locate your record)		
Signature (request	ts cannot be processed without an	original signature)			
Additional information (check all that apply):         I am currently a student at Wheelock.         I am not currently attending Wheelock.			Number of transcripts requested:		
I am not currently attending Wheelock.			□ Send Now		
	То		□ Hold for semester grades		
f you withdrew	, what year?		□ Hold for degree conferral		
Degree Earned (	(if applicable)	Year	□ Hold for pick up		
Please mail tra	Degree nscript(s) to: (if different fro				
Name of institution or agency			Attention		
Street Address		City	State	Zip	
Office Use Only: ⊐ Mail in			□ Check # □ Hold on Account:	🗆 Yes 🗆 No	
□ Logged in	Date completed	Initials	Notes		