WORCESTER STATE UNIVERSITY — REGISTRAR'S OFFICE 486 CHANDLER STREET, WORCESTER, MA 01602-2597 • FAX: 508-929-8196

TRANSCRIPT REQUEST

| | | | | STATE OF | WORCESTER |
|--|---|--|--|--|--|
| (Last Name) | (First) | | (MI) | | STATE |
| (Street Address) | (City) | (State) | (Zip) | 1874 | UNIVERSITI |
| Home Phone | Cell Pho | ne | | | Office Use Only Amount Paid: |
| (Student ID# or Social S | ecurity#) | | | | |
| Number of TRANSCRIP | TS requested is | _@ \$5.00 each | n for a total of \$ | _ | Processed by: |
| Number of RUSH* TRAI | NSCRIPTS requested is _ | @ \$1 | 10.00 each for a to | tal of \$ | |
| Maiden Name/Name und | der which enrolled at WSU | J if different: _ | | | |
| Attended WSU: | From: | Т | ō: | | |
| Level of Study at WSU: | Undergraduate | Graduate _ | | | |
| · | undergraduate and gradu | | | duate, please note. | |
| | et until: nt term grades are posted e or certificate is posted fo | | | | |
| PLEASE READ VE | RY CAREFULLY | | | | |
| NO TRANSCRIPT w Transcripts are \$5.00 You must use a sepa You may fax your red than mailed or in pers Transcripts picked up *No RUSH Transcripts ceipt. Please note, RUSI | son requests. Fax only avecan only be released to | y student with 10.00. g address to when the credit card in the requester, unless. RUSH transular USPS mail | an outstanding fina nich you are forwar formation listed be Registrar's Office w ss written permissi | ding a transcript. low. Faxed requests vorking hours. ion for release is obseed within 24 workin | Norcester State. s will not be processed any faster tained from the requester. ng hours Monday-Friday of re- |
| SIGNATURE OF STUDE | -NT | | _ To | oday's Date: | |
| | ase print clearly and indica | ate specific offic | ce.) <i>OR</i> P | ick up on: | |
| | | - | · | | |
| Method of Payment: | Cash Check or Mo | ney Order, paya | ble to WSU | Credit Card (for faxed re | quests only) Type: |
| CC# | | | | Ex _I | p. Date: / |
| Security Code: | last 3 numbers on back | k of credit card by sig | gnature) Amount: \$ | | Bursar's Office Initials |
| Student Signature: | | | _ Date: | | Date: |
| Email (required for credit card | d receipt): | | | | Copies: Mailer, Registrar, Student |