



**WILMINGTON
UNIVERSITY**

**Office of the Registrar
320 N. DuPont Highway
New Castle, DE 19720**

Telephone 302-356-4636 Fax 302-328-5689

TRANSCRIPT REQUEST

Transcripts are normally mailed 72 hours after request received. At peak periods, additional time may be needed to process your request. **Request can be made by mail, fax, or in person. There is a \$5.00 charge for each transcript, including student copies.**

- In person: Complete front and back, take to Student Financial Services to pay fee, return to Registrar's Office with form and photo ID.
- By mail: Complete front and back, include payment or credit card information, mail to address above.
- By fax: Complete front and back, include credit card information, fax to number above.

<p>Personal Information (print clearly)</p> <p>Last name used while attending: _____</p> <p>Student ID _____</p> <p>Last name _____</p> <p>First name _____</p> <p>Middle name/initial _____</p> <p>Maiden name _____</p> <p>Month/year of attendance: _____ / _____ to _____ / _____</p> <p>Signature: _____</p> <p>Date: _____</p> <p>Contact Phone Number _____ - _____ - _____</p>	<p>Select type of transcript requested:</p> <p>___ Official transcript</p> <p>___ Student copy (unofficial)</p> <p>Special Instructions:</p> <p>___ Hold for grades</p> <p>___ Semester/Block _____ (specify)</p> <p>___ Hold for degree conferral statement</p> <p>___ Hold for grade change in: Course _____ Term _____</p> <p>___ Hold transcript, will pick up in person (must present photo ID)</p> <p>Transcript(s) requested for the following degree level attempted or completed (check one or more):</p> <p>___ Associate Degree</p> <p>___ Bachelor's Degree</p> <p>___ Master's Degree</p> <p>___ Doctoral Degree</p>
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If paying by credit card, complete and sign the following information. \$5.00 fee for each transcript requested. **Security Note: Your credit card information will not be included in the transcript mailing.**

Credit Card Number _____ Expiration Date _____

Type of Card: Visa MasterCard
 Discover American Express Amount of credit card charge \$ _____

Name of account cardholder (print) Signature of account cardholder

<p>STUDENT PAYMENT OFFICE ONLY:</p> <p>Fee Paid \$ _____ Balance _____ Initials _____ Date _____</p>	<p>Number</p>
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Office of the Registrar

TRANSCRIPT REQUEST

Send to:

Your Last Name (Please Print)

Have you remembered to:

- ✓ Complete all personal information and sign the form?
- ✓ Select type of transcript and degree attempted or completed?
- ✓ Inform us of any special instructions?
- ✓ Complete one form for each transcript request?
- ✓ Include payment or credit card information?
- ✓ Produce a photo ID if you are picking transcript up in person?

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