

WILMINGTON UNIVERSITY

Office of the Registrar
320 N. DuPont Hwy, New Castle, DE 19720
Telephone 302-356-4636 Fax 302-328-5689

TRANSCRIPT REQUEST

Transcripts are typically processed and mailed within 3-5 business days. At peak periods, additional time may be needed to process your request. The request can be made by mail, fax, or in person. There is a \$5.00 charge for each transcript, including student copies. **As per Wilmington University policy, we do not fax official or student copies of transcripts.**

- In person: Payment can be made at the Student Financial Services office. You will then present the form and photo ID to the Registrar's Office to receive the printed transcript(s).
- By mail: Complete form, include payment or credit card information, mail to address above.
- By fax: Complete form, include credit card information, fax to number above.

Personal Information (Please print clearly)

Student ID: W00000 _____

Last Name: _____

First Name: _____

Middle Name/Initial: _____

Month/Year of Attendance: ____ / ____ to ____ / ____

Last name used while attending (if different):

Contact Phone: (_____) _____ - _____

X Signature: _____

Date: ____ / ____ / _____

No. of Copies Requested: _____

Select type of transcript requested:

- ____ Official Transcript
____ Student Copy (Unofficial)

Special Instructions:

- ____ Hold for grades.
Term/Course: _____
____ Hold for degree conferral statement.
Major: _____
____ Hold for grade change.
Term/Course: _____
____ Hold transcript, will pick up in person.
(Must Present Photo ID)

Requesting Transcript for following degree level(s):

- ____ Associate ____ Master
____ Bachelor ____ Doctoral

Payment Information

Method of Payment (Circle One):

Cash Check Credit

There is a \$5.00 fee for each copy requested.

If paying by credit card, complete and sign the following:

Type of Card (Circle One): VISA MC DISC AMEX

Credit Card No. _____

Expiration Date: ____ / ____

Amount of charge: \$ ____ . ____

Name of Account Holder (Print): _____

Signature of Account Holder: _____

Security Note: Your credit card information will not be included in the transcript mailing.

Mail To:

Please complete all information and sign the form.

The University reserves the right to withhold a transcript or diploma from any student who has outstanding financial obligations.

Student Payment Office Use Only:

Fee Paid: \$ _____ Balance: _____ Staff Initials: _____ Date: _____ No. Copies: _____