

WILMINGTON UNIVERSITY

Office of the Registrar

320 N. DuPont Hwy, New Castle, DE 19720

Email: Registrar@wilmu.edu / 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 email, postal 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.**

- Online: Transcripts can be ordered online: <http://www.wilmu.edu/registrar/transcripts.aspx>
- By mail or fax: Complete form, include payment or credit card information, mail or fax to address/number above.
- 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).

Personal Information (Please print clearly)

Student ID: W0000 _____

OR Last 4 Digits of SSN: _____

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.

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: _____

Mail To:

