

# 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: W00 \_\_\_\_\_

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: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_

### Order Information:

Total No. of transcripts requested:

Official Transcript ☐

### Special Instructions:

\_\_\_\_ Hold for degree conferral statement.

Major: \_\_\_\_\_

\_\_\_\_ Hold transcript, will pick up in person.  
(Must Present Photo ID)

**X Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Transcript will contain all degree levels

(Associate, Bachelor, Master, 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: \_\_\_\_\_