UW OSHKOSH OFFICIAL TRANSCRIPT REQUEST FORM
HIGH SCHOOL STUDENTS ONLY

Instructions: Complete this form with all applicable information (print legibly); submit via mail.
Fee payment and student signature are required at time of submission.

IMPORTANT:
- Outstanding financial obligations to the University prevent the release of transcripts.
- Faxed transcripts are not official.
- Transcripts released directly to the student are marked “Issued to Student”.

Last Name    First Name  MI

Current Street Address      City  State  Zip

UWO Student ID# OR SSN (one of these numbers is required for use in locating your academic record) Date of Birth

10-Digit Phone Number Email address

AS A PERSON REQUESTING A TRANSCRIPT(S), YOU ARE RESPONSIBLE FOR THE CORRECT WRITTEN INFORMATION ON THIS DOCUMENT. Federal law (FERPA) requires that the student's signature accompany any request for the student's transcript. I attest that I am the person whose grades are reflected on the transcript requested, that the information provided on the request is correct, and that all name changes have been legally documented.

Student Signature (typed signature NOT acceptable) Date

FEE
$10 per transcript – Processed within 2 business days of receipt; transcript mailed 1st class USPS mail.

CALCULATE COST Number of transcripts _____ X Transcript fee $10.00 = $_____

PAYMENT OPTIONS (Payment must accompany request)
We accept: Cash, Check (payable to UW Oshkosh), Money Order, Cashier’s Check, Visa, MasterCard, American Express

Credit Card Number Expiration Date 3-Digit CVV

SPECIAL OPTIONS
☐ Hold until final grades appear on transcript ☐ Hold for foreign language retro credits. To earn retro credits, your final grade must be a ‘B’ or better.

SEND TRANSCRIPT TO (Additional addresses may be listed on back of form or on separate sheet)
You must provide a complete address. If we are to fax transcript, enter recipient name, institution name or business name (if applicable), and fax number. It is your responsibility to consult with recipient and verify their acceptance of faxed transcript

1) __________________________________________ 2) __________________________________________

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Office Use Only

Stops Yes _____ No
Address Change Yes _____ No
Tracking JJ DS Other _____
Tracking # __________________

Revised August 10, 2017