

# TRANSCRIPT REQUEST FORM

**Request by mail, fax or in person:**

**Address envelope to:** Western Technical College, Attn: Transcript Requests, Welcome Center, 400 Seventh St. N.,  
P.O. Box C-0908, La Crosse, WI 54602-0908  
Phone Number: 608.785.9553 **FAX: 608.785.9148 (Use black ink)**

For office use only Amount Paid:  Holds: Yes___ No___
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Student Record Information

Student ID# \_\_\_\_\_ Social Security Number \_\_\_\_\_ Date of birth \_\_\_\_\_

Last name (**PRINT**) \_\_\_\_\_ First name \_\_\_\_\_ Middle initial \_\_\_\_\_ Former Last name \_\_\_\_\_

Current mailing address \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Phone number \_\_\_\_\_ Estimated dates of attendance \_\_\_\_\_

Please check as applicable:  Credit classes \_\_\_\_\_ Number of transcript(s) \_\_\_\_\_  
 Noncredit - Childcare Classes (required for licensing and certification)

**TRANSCRIPT FEE MUST ACCOMPANY REQUEST (Make checks payable to Western Technical College)**

- \$5 per transcript to mail (*or be picked up at a later date*)
- \$10 per transcript for same day "take with" service (*when requesting in person only*)
- \$10 per transcript for FAX (*Verify with receiving school for acceptance of faxed transcript*)

**Verify with the receiving school for their policy regarding transcripts.** Most schools require transcripts to be sent directly to them from another college and will not accept transcripts from the student. Transcript will be stamped "Issued to Student" when picked up or mailed to student, unless requested to be in a sealed envelope (indicates student is NOT to open).

Transcript Order Information

**Please select:**  **HOLD** for graduation status to be posted  **HOLD** for semester grades to be posted  
 **Mail Now**  **FAX Now**

**Mail transcript to:** \_\_\_\_\_  
(Please provide complete name & address information)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

For office use only (staff initials) _____ Check address, phone, etc. __ PV __ QS __ PS ..... _____ Date sent _____ Date faxed _____ Staff initials (when completed)
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Check here if you are providing additional addresses on back of form.

**Fax transcript to:** Name \_\_\_\_\_ Fax number \_\_\_\_\_

**Pick up on** (24 hours required) \_\_\_\_\_ Sealed envelope? \_\_\_ Yes \_\_\_ No  
(Date)

**Same day** "take with" service Sealed envelope? \_\_\_ Yes \_\_\_ No

**X SIGNATURE (REQUIRED)** \_\_\_\_\_ **DATE** \_\_\_\_\_

*NO ONE ELSE: (including your spouse, parent, etc.) may request your transcript without your written permission and signature. If you wish a transcript to be picked up by anyone other than you, you must indicate this at the time of the request or give written permission with your signature to the person authorized to pick up the transcript. A Drivers License or Student ID is required when picking up a transcript.*

**NOTE:** Transcripts will **NOT** be released if student has any outstanding financial obligations.

Payment Information

**If you are faxing this request please provide the following information so that we may charge your credit card for the fee.**

Student name \_\_\_\_\_ Student ID# \_\_\_\_\_

Type of card: \_\_\_ Visa \_\_\_ MasterCard **Expiration date** \_\_\_\_\_ **CVV Code** \_\_\_\_\_  
(3 digit code on the back of the card)

Credit card number \_\_\_\_\_ Authorized payment amount \_\_\_\_\_

