

WILLIAM JEWELL COLLEGE

Office of the Registrar ♦ Box 1025 ♦ 500 College Hill ♦ Liberty, MO 64068 Phone: 816-415-5979 ♦ Fax: 816-415-5005

Email: theregistrar@william.jewell.edu

TRANSCRIPT REQUEST

PLEASE NOTE:

- 1. All applicable blanks on this form must be completed. Your signature is required by Federal law.
- 2. Students who are currently enrolled at the College should normally request transcripts via Etrieve.
- 3. Unless you are a currently-enrolled student, there is a charge, payable at the time of your request, of \$10.00 for each transcript ordered.
- 4. PAYMENT IN FULL MUST BE MADE BEFORE THIS REQUEST WILL BE PROCESSED. Acceptable methods of payment include: check, money order, or online payment via credit / debit card. (If you are paying online, instructions are at <u>https://www.jewell.edu/resources/transcripts.</u>)
- 5. Requests will be filled as quickly as possible, but please allow up to 2-3 business days for the processing of your order.
- 6. Transcripts will not be issued for former students who still have a financial obligation to the College or any other account hold.

Please PRINT clearly:							
(LA	ST NAME)	(FIRST)	(MIDDLE)	(WJC ID # or S	SOCIAL SECURITY #)		
(STREET ADDRESS)			(DATE OF BIF	(DATE OF BIRTH)			
(Cl	TY)	(STATE)	(ZIP)	(PHONE)			
(OT	THER NAMES under which you w	vere enrolled-maiden, married, etc.)	(EMAIL ADDR	(EMAIL ADDRESS)			
Rea	ason for Request:	Your WJC Status:		Processing In	structions:		
	Employment		(a - 110 -)	□ SEND NOW	(Regular Processing)		
	I Graduate school			☐ HOLD for Current Semester grades to be posted			
	I Scholarship			(max of 3 without charge if transferring)			
	Transferring from WJC			□ HOLD for Graduation Information to be posted			
	Other: Last year attended: (approximate)			(max of 3 without charge for current students)			
-	ounci				major (Include Oxbridge de	escription)	
Transcript Order: TOTAL NUMBER OF TRANSCRIPTS: Any printed transcript should be considered to be official. A faxed or emailed transcript might not be considered to be official by the recipient.							
PICK UP in person at Registrar's Window (You must indicate in writing if another person is authorized to pick up.)							
MAIL to SELF at above address							
MAIL to: (Name of institution, company, agency, etc.)				(Name of parea	(Name of person, department, office, etc.)		
(Name of Institution, company, agency, etc.) (Name of p					i, department, once, etc.)		
	$(Ctropt address or B, O, Bay) \qquad (Ctropt address or B, O, Bay) \qquad (Ctropt address or B, O, Bay)$						
(Street address or P. O. Box) (City) (State) (Zip)							
Check if: Additional recipients are listed on reverse side of this form Additional recipients are listed on attached separate sheet							
□ FAX to: () Attention:							
Tot	tal Paid: \$ Method:	: D Credit / Debit Card (D Online D	In Person) 🛛 Cas	sh 🛛 Check #	_ 🛛 Money Order #		
	CERTIFICATION OF DOCUMENTS \$30.00 – If any documents need to be certified, you must contact the Registrar's Office, after submitting this form, to complete the process & set up an appointment. [Phone 816-415-5979 or email <i>theregistrar@william.jewell.edu</i> .]						
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7	✓ WJC's policy on the release of student information (YOUR SIGNATURE — REQUIRED BY LAW) (DATE) (DATE)						
	(YOUR SIGNATURE — REQUIRED BY LAW) (DATE) complies with federal regulations and FERPA (Family Education Rights and Privacy Act).						
				(i anniy L	ducation Rights and Fillacy	Acij.	
FOR OFFICE USE ONLY: □ Credit / Debit Card / Approval # □ Cash □ Check # □ Money Order #							
TO	TOTAL \$ DATE RECEIVED DATE PROCESSED BY						