

TRANSCRIPT REQUEST

Please print clearly

(LAST NAME)

(FIRST)

(MIDDLE)

(SOCIAL SECURITY NO.)

(STREET ADDRESS)

(DATE OF BIRTH)

(CITY)

(STATE)

(ZIP)

(TELEPHONE NO.)

CURRENT STUDENT ____ (DAY ____ EVENING ____) WJC ALUM ____ GRAD DATE: SEM. ____ YEAR ____

FORMER STUDENT (DID NOT GRADUATE FROM WJC) ____ LAST ATTENDED: SEM. ____ YEAR ____

ALL PREVIOUS NAMES UNDER WHICH YOU WERE ENROLLED _____

NUMBER OF TRANSCRIPTS _____ OFFICIAL (SEALED) ____ UNOFFICIAL ____ PICK UP ____

SEND TO: _____
(DEPARTMENT, COLLEGE, OR AGENCY)

(OFFICE OR PERSON'S NAME)

(STREET ADDRESS / P. O. BOX)

(CITY) (STATE) (ZIP)

ADDITIONAL RECIPIENT(S) / ADDRESS(ES) LISTED ON REVERSE SIDE OF THIS FORM: YES ____ NO ____

- ???
1. Please allow up to 3 working days to issue a transcript during semester and up to 15 working days at end of semester.
 - NOTE:** 2. All items on this form should be completed. *Your signature is required by Federal law for your transcript to be issued.*
 - ???
3. Unless currently enrolled, all transcripts are **\$2.00 each**, payable at time of request. (FAX: \$5.00 additional = \$7.00 total)

(SIGNATURE REQUIRED)

(DATE)

\$ _____	\$ _____	_____	_____	_____	_____	_____	_____
CHARGE	PAID	Cash / Check	BILL	DATE	BY		