



Request for Transcript

Only Sealed Official Transcripts

Mailed: \$3 each Immediate pick up at Registrar's Office: \$5 each

Processing is 5-7 business days before mailing

In case of high volume there may be a delay

Unofficial Transcripts are available on MyWCU only

The University **does not fax** Transcripts

Incomplete forms will not be processed.

PLEASE PRINT CLEARLY

Attended as: Undergraduate Graduate Both

STUDENT ID# (or SSN) _____ Dates Attended _____

STUDENT'S CURRENT NAME (Please Print) _____

All Previous name(s): _____

STUDENT'S SIGNATURE _____ Date _____

Your signature authorizes West Chester University to release your transcript to those designated below.

Permanent/Mailing Address: _____ Phone: _____

_____ E-Mail: _____

City _____ State _____ Zip Code _____

Number of Transcripts required: _____ Date of WCU Graduation: _____

_____ Send now

_____ Send after _____ semester's grades are posted

_____ Send after graduation has been confirmed (6-8 weeks after commencement)

Mail Transcript to: _____

Mail Transcript to: _____

This form may be **faxed** to the Office of the Registrar at **610-436-2370** (No cover sheet required)

Due to high volume, receipt of fax will not be confirmed.

Payment must be made before request for Transcripts will be processed.

Do not mail cash. Checks/Money Orders made payable to West Chester University.

To charge Credit Card see below:

Credit Card Number: _____ Expiration Date: _____

SIGNATURE OF CARDHOLDER: _____

UNSIGNED REQUESTS WILL NOT BE PROCESSED

Return this form to the Office of the Registrar.

154 E.O. Bull Center, West Chester, PA 19383