



TRANSCRIPT REQUEST
PLEASE PRINT ALL INFORMATION LEGIBLY
 Fill out ONE form for EACH delivery address

Office of the Registrar
 3640 Colonel Glenn Hwy.
 Dayton, OH 45435-0001
 (937) 775-5588
 FAX (937) 775-5597
 registrar@wright.edu

Date of Request _____

Check One: *Processing does NOT include mailing time through the US Postal Service.

- _____ **Standard Processing** (\$4 each transcript) **May take 3-4 working days.**
- _____ **Same Day Processing** (\$10 first transcript, \$4 each additional transcript).
 received after 1:30 pm, transcript will be mailed the next working day.
- _____ **Express Mail** (\$15 each mailing address + processing fee)

Qty Ordered _____

Order Total \$ _____

PICK UP (Photo ID required for pick up)
 To pick up a transcript other than your own written permission from student is required.

FAX TO: _____
Note: Faxed Transcripts may not be accepted by a third-party recipient.

MAIL TO: _____

<input type="checkbox"/> Issue transcripts now Requests for one of the following may take longer to process: <input type="checkbox"/> Hold transcripts for grade change: Course _____ Year _____ Quarter _____ <input type="checkbox"/> Hold transcripts until quarter grades posted: Fall _____ Winter/Intersession _____ Spring _____ Summer A _____ B _____ C _____ D _____ E _____ F _____ <input type="checkbox"/> Hold transcripts until degree is posted: December _____ March _____ June _____ August _____
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SPECIAL INSTRUCTIONS:
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**OMISSION OF
 SOCIAL SECURITY NUMBER
 WILL DELAY PROCESSING**

Student name/Last _____ First _____ Middle _____

Street address _____

City _____ State _____ Zip _____

Daytime telephone # _____ E-mail _____

University ID number/Social Security number _____

Previous name(s) _____

Birth date _____

I affirm that I am the above-named student. In compliance with FERPA, I hereby give my written consent and authorize Wright State University to release my academic record as noted.

Signature _____

You can charge your Wright State University transcript fees - Discover®, Visa®, or MasterCard®

Charge card number	Card expiration date	
_____	_____	
Print name as it appears on card	Amount to be charged	
_____	_____	
Daytime telephone #	Student UID/SSN	
_____	_____	

I hereby agree to pay the sum set forth above to the bank that issued my card in accordance with the terms of the credit card for the purchase of goods and services.

Signature _____

Date _____