

# OFFICIAL TRANSCRIPT REQUEST

Cost is \$7.00 per transcript

PLEASE PRINT LEGIBLY

Date \_\_\_\_\_

WKU ID # \_\_\_\_\_

or Alternate

9 digit ID # \_\_\_\_\_

Date of Birth \_\_\_\_\_



Office of the Registrar  
Western Kentucky University  
1906 College Heights Blvd. #11017  
Bowling Green, KY 42101-1017  
(270) 745-5448  
FAX: (270)745-4830

|   |                     |            |          |
|---|---------------------|------------|----------|
| <b>Student Name, Address, and Phone #</b> | Last First Middle   |            |          |
|   | Street              |            |          |
|   | City                | State      | Zip Code |
|   | Former Last Name(s) |            |          |
| Email                                     |                     |            |          |
| Day Phone                                 |                     | Cell Phone |          |

CHECK ALL THAT APPLY:

- Mail immediately
- HOLD for end of semester grades
  - Fall  Spring  Summer
  - Term \_\_\_\_\_
- HOLD for posting of degree
  - Associate  Bachelor's  Master's
  - Term \_\_\_\_\_
- HOLD for grade change or repeat option
  - Course \_\_\_\_\_
  - Term \_\_\_\_\_
- Place transcript(s) in envelope(s) marked: "Issued to Student, Void if Opened"
- Special delivery requested
  - UPS  
The University does not pay for overnight or second day air service. The cost will be charged to your credit card and will be billed directly from UPS. *UPS will not deliver to a PO Box.* Indicate preferred delivery service below.
    - Overnight Service
    - Second Day Air
  - Postal Service  
The University does not pay for express or priority mail. The cost of delivery service and transcript fees will be charged at the time of service. Indicate preferred delivery service below.
    - Express Mail  
\$17.50 extra
    - Priority Mail  
\$4.95 extra

Did you attend WKU prior to Fall 1990?  Yes  No

Dates of attendance at WKU: \_\_\_\_\_ to \_\_\_\_\_

|                 |  |
|-----------------|--|
| <b>Mail to:</b> | <b>(If transcripts are to be mailed to more than one address, please attach a list).</b> |
|                 |  |

In accordance with Federal Law and KRS 164.283, records cannot be released without the written consent of the student. Official transcripts will not be released until all obligations to the University have been satisfied.

|                     |   |
|---------------------|---|
| Student's Signature | <b>Student's Written Signature Required</b> |
|                     |   |

TO PAY BY CREDIT CARD, COMPLETE THE FOLLOWING INFORMATION:

Credit Card #: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_  
Card Type:  Visa  Master Card  Discover

TOTAL NUMBER OF TRANSCRIPTS

|   |
|---|
| <b>OFFICE USE ONLY:</b>                 |
| Amount Paid: _____ Amount Due: _____    |
| Received by: _____ Holds Checked: _____ |