



TRANSCRIPT REQUEST

Wheeling University

Name: _____ Student ID: _____
First Middle Last or WU Student ID#

Other Name(s): _____ SSN: _____
Previous/Maiden or Social Security Number

Address: _____ DOB: _____
Street Address City State Zip or Date of Birth

Email: _____ Phone: _____

Enrollment: Current Student or Dates of Attendance From: _____ To: _____
MM / YYYY MM / YYYY

Note: Please allow 3-5 business days processing time; additional delays may occur at peak times. Transcripts will not be released for a student that is encumbered by financial obligations to the University or Perkins. Each official transcript bears a fee of \$15.00. The Registrar's Office can only accept payments of cash, check, or money orders made out to Wheeling University. For payment via debit or credit cards, one must use the online system through Parchment for those requests. Please contact the Office of the Registrar 304-243-2279 with any questions.

Transcript(s) Requested		Delivery Method	
Type <i>Fee \$15</i> <input type="checkbox"/> Official	Delivery Timeframe <input type="checkbox"/> Send Immediately <input type="checkbox"/> Send After Grading of Current Term <input type="checkbox"/> Send After Degree Posting <input type="checkbox"/> Hold for Pickup <input type="checkbox"/> Other:	<input type="checkbox"/> Standard Mail (Send to the following address)	
<input type="checkbox"/> Unofficial <i>Free Service</i>		Release to Entity	
Number Requested		Address Line 1	
Comments/Special Instructions:		Address Line 2	
		City State Zip	
		<input type="checkbox"/> Electronic Mail (Send secure PDF to the following email)	
		Email	

The Family Educational Rights to Privacy Act of 1974 (FERPA) prohibits the release of a student's confidential information to a third party without that student's written consent. By signing this form you are giving consent to release your transcript information to the disclosed entity above.

Student Signature: _____ Date: _____

Office of the Registrar Use Only			
Received Date	Payment Received	<input type="checkbox"/> Cash Amount <input type="checkbox"/> Check #	Sent Date
		Business Office Clearance Date	

Wheeling University
 Office of the Registrar
 316 Washington Ave., Wheeling, WV 26003
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 Email: registrar@wheeling.edu