## WISCONSIN LUTHERAN COLLEGE

## TRANSCRIPT REQUEST FORM

## **INSTRUCTIONS:** Delays may occur due to incomplete or illegible addresses. Legibly complete this form and include the name of the recipient and the complete postal address. If transcripts are to be sent to more than one address, please write additional addresses on the back of this form. **Transcript Fees:** I will pick up the transcript(s) There is no fee for current WLC I would like my transcript(s) sent to a recipient students \$2.00 per official transcript What is the purpose of this transcript request? \$1.00 per unofficial transcript This transcript is being requested for employment purposes. Note: Transcripts may be withheld if overdue obligations to WLC have This transcript is being requested for a scholarship/insurance discount. not been satisfied. This transcript request is for transferring to another institution. Make checks payable to Wisconsin This transcript request is for Lutheran College SEND RECORD TO: Additional address(es) on back Return this Request Form to: Wisconsin Lutheran College RECIPIENT NAME Office of the Registrar 8800 W Bluemound Rd INSTITUTION/LOCATION NAME Milwaukee, WI 53226 STREET ADDRESS CITY, STATE, ZIP **REQUESTOR INFORMATION:** FIRST M.I./MAIDEN NAME LAST STUDENT ID# / SOCIAL SECURITY NUMBER DATES OF ATTENDANCE DAY PHONE EMAIL ADDRESS LEGAL HOME PERMANENT ADDRESS NUMBER OF OFFICIAL TRANSCRIPTS TOTAL AMOUNT DUE: ADDITIONAL INSTRUCTIONS: NUMBER OF UNOFFICIAL TRANSCRIPTS SEND TRANSCRIPT IMMEDIATELY HOLD FOR DEGREE POSTING HOLD FOR CURRENT SEMESTER GRADES PRINT REQUESTOR NAME SIGNATURE DATE