

TRANSCRIPT REQUEST FORM

Last Name _____ First Name _____ M.I. _____

Previous Name While Attending (if applicable) _____

Address: _____ Day Phone: (____) _____
_____ E-mail address: _____
_____ Social Security # : _____ - _____ - _____

Dates of Attendance _____

Transcript Fees:

\$2.00 per official transcript

\$1.00 per unofficial transcript

*There is no fee for current WLC students

Number of Official: _____

Number of Unofficial: _____

Total Amount Due: _____

Send Transcript(s) to:

If transcripts are to be sent to
more than one address, please
write addresses on back of form.

Transcripts should be sent:

- Immediately
- Hold for current semester grades
- Hold for Degree posting

Note: Transcripts may be withheld if overdue obligations to WLC have not been satisfied.

Required Signature _____ Date _____

Return request to:
WISCONSIN LUTHERAN COLLEGE
REGISTRAR'S OFFICE
8800 W. Bluemound Rd.
Milwaukee, WI 53226