



TRANSCRIPT REQUEST

PLEASE PRINT ALL INFORMATION LEGIBLY

Office of the Registrar
3640 Colonel Glenn Hwy.
Dayton, OH 45435-0001
(937) 775-5200
FAX (937) 775-5597

Fill out **ONE** form for **EACH** delivery address

Typical processing time is up to two working days. Allow for three- to four-working days at the end of each term.
Express Mail requests must be received by 2:30 PM for overnight delivery.

Date of Request: _____

Issue or Hold:

- Issue transcript now
- Hold transcript for grade change:
Course _____ Year _____ Term _____
- Hold transcript until term grades are posted:
 Fall Spring Summer A B C
- Hold transcript until degree is posted:
 Fall Spring summer

Order Specifications:

- Standard
\$6 per transcript
Quantity Requested _____
- Express Mail
\$20 per transcript
Quantity Requested _____

Delivery Mode:

- Pick up at RaiderConnect
Photo ID required. To pick up a transcript other than your own, written permission from student is required.
- Fax to:

Caution: Faxed transcripts will say VOID and may not be readable or accepted.

- Mail to: (Note: Federal Express will NOT deliver to a PO Box)

Student Information:

_____	_____	_____	_____
Last	First	Middle Initial	University ID (UID) or Social Security Number
_____			_____
Street Address			Previous Name(s)
_____	_____	_____	_____
City	State	Zip	Birth Date (DD/MM/YYYY)
_____			_____
Student Daytime Phone (*required should further information be needed)			Student Email

X _____
Student Signature (required)
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 indicated above.

Omission of proper identification will delay processing. Once your transcript has been issued per your instructions, additional transcript can be re-issued only after another transcript request and additional payment are received.

Payment: Make check payable to Wright State University, or provide Discover®, Visa® or MasterCard® credit card information below

Student University ID: _____ Student Daytime Phone: _____
Sum to be charged: \$ _____

_____ Credit Card Number
Name (as it appears on the card)

Credit Card Billing Address (Number/Street, City, State and Zip Code required)

_____ X _____
Card Expiration (MM/YYYY) CVV# (back of card) Authorized Cardholder Signature Date

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

