

Authorized Signature X

Amount \$

## Transcript Request Form

Please mail, fax or hand carry your request to:
Office of the Registrar
Western Michigan University

1903 W. Michigan Avenue • Kalamazoo, MI 49008-5256
Telephone: (269) 387-4300 Fax: (269) 387-4170

ITAIIS	cript Request	. i Oiiii			e: (269) 387-4300 F and phone orders are	, ,	
1. PERSONAL IN	NFORMATION						
WMU ID or SSN: Birth date (mm/dd/			yyyy): Dates of Attendance:				
Name First	: Middle Initial	Last		Name a	attended under		
Current mailing ad	ddress Number and street		City		State/Country		Zip Code
Daytime Telephon	time Telephone: E-mail a			address:			
2. ORDER DETA Regular processi Official Transcripts Unofficial Transcripts RUSH processing Unofficial Transcript (Official transcript with	ing: transcript mailed or  \$ \$5.00 each  pts \$5.00 each  g: fax services  ots \$10.00 each  Il be mailed to same recipient)	picked up envelope vided by	3. MAILING IN Send after of Spring Send after of Spring Send Now Requestor is re Company University/Colle Attn Address City Fax	STRUCTION  degree is possible  Grades are  Summe  esponsible  ge	DNS	○ Fall	anges): Year
does not deliver to a PO Box.				•			
4. STUDENT SIG	GNATURE						
* If you have select	: X ires the student signatur st. Normal transcript proceed cted FedEx service, you wi u give WMU permission to	cessing time	e is 3 - 5 business	s days upo	on receipt of requals as well as by Fed	pefore suluest.  Ex for the	shipping fee. By
5. PAYMENT IN	FORMATION				OFFICE	E USE ON	ILY
Cash Check  Name on credit cat  Card number  Expiration Date	MasterCard Discover		□ Check				