

OFFICIAL TRANSCRIPT REQUEST

Western Carolina University

Registrar's Office
(<http://registrar.wcu.edu>)

Student I.D. _____ Last Name _____ First _____ Middle _____

Previous Name(s) Attended Under (if applicable) _____ Date of Birth _____ () _____
Phone Number _____

Current Address:

Dates Attended: _____ to _____

Did you graduate from WCU: ☐ Yes ☐ No

Currently Enrolled: ☐ Yes ☐ No

Please check all categories that apply:

Mail Transcript Now: ☐ Yes ☐ No

Plan to Pick-up Transcript: ☐ Yes ☐ No

Sealed/Stamped Envelope: ☐ Yes ☐ No

Separate Envelope: ☐ Yes ☐ No

Hold for Current Grades: ☐ Yes ☐ No

Hold for Degree Completion: ☐ Yes ☐ No

Mail Transcript To:

Number Of Copies: _____

Mail Transcript To:

Number Of Copies: _____

Bring, mail or fax this form to:

Office of the Registrar
Western Carolina University
206 Killian Annex
Cullowhee, NC 28723-9025
FAX: (828) 227-7217

PLEASE NOTE:

- There is no charge for a transcript.
- Transcript will NOT be furnished for any student or alumnus whose financial obligations to the University are delinquent.
- Email and telephone request will NOT be honored.
- No partial graded transcripts will be released.
- No transcripts will be released to/for anyone except the student unless appropriately requested in writing by the student.
- A picture I.D. is required when picking up a transcript.
- Allow one to three days for requests to be filled. Peak periods may require a longer advanced notice.

Student's Signature: _____ Date: _____