

Transcript Request Form

**Student Administrative Services
(SAS) Office**

Office # (413) 796-2080
FAX # (413) 796-2081
Western New England University
1215 Wilbraham Road
Springfield, MA 01119

Please complete this request form by legibly printing in the appropriate spaces. A transcript is the official record of all coursework, grades and degrees conferred at Western New England University. Academic transcripts are ordered through the Student Administrative Services Office (SAS). There is no charge for the transcript service. Transcript requests can also be filed through the Academic Support Center, which is particularly useful when considering transferring. Federal law requires that we receive the student's written signature on all transcript requests, which further acknowledges that resulting information may be shared with the Academic Support Center.

We are unable to accept transcript requests over the telephone or by email. Transcripts will not be issued to students with outstanding financial obligations to the University.

For security reasons, transcripts cannot be faxed from the SAS office. Requests can be submitted in person, by mail or by faxing SAS at **(413) 796-2081**.

Please note: if you are an undergraduate student and are sending out a transcript in order to transfer to another institution, you need to go to the Academic Support Office in the Campus Center to fill out the request form.

Requestor's Signature _____ Date _____

Social Security Number: X X X - X X - _____ Birth Date: ____/____/____ * Required

Name _____

Any other Name(s) used while attending WNE? _____

Address _____ City _____ State _____ Zip _____

Telephone Number _____

Semester ____ and Year ____ that you last attended Western New England University. Degree(s)/Date(s) received

Currently attending Western New England University? Yes No

If currently enrolled, do you want this request held until the end of the semester - after final grades are posted? Yes No

If currently enrolled, do you want this request held until the end of the semester - after degree is posted? Yes No

Purpose for Requesting Transcript: (check more than one if appropriate)

- | | |
|---|--|
| <input type="checkbox"/> Considering Transfer | <input type="checkbox"/> Graduate or Professional School |
| <input type="checkbox"/> Summer School Enrollment | <input type="checkbox"/> Grants and Scholarships |
| <input type="checkbox"/> Employment | <input type="checkbox"/> Study Abroad |
| <input type="checkbox"/> Other _____ | |

Total number of copies to be sent: _____ Number to each recipient: _____

Are there any additional requests? Yes No (Additional addresses may be listed on another sheet and attached to this request.)

SEND TRANSCRIPT TO:

Name _____

Address _____ City _____ State _____ Zip _____

SAS Office use only: WNEC Transcript Was: _____ Academic Support Center Notified: Yes No N.A.
Mailed Out On (Date): _____ By (Initials): _____