WORCESTER STATE UNIVERSITY - REGISTRAR'S OFFICE 486 CHANDLER STREET, WORCESTER, MA 01602-2597 • FAX: 508-929-8196

TRANSCRIPT REQUEST

			(1.4)	STATE U	WORCESTER
(Last Name)	(First)		(MI)		UNIVERSITY
(Street Address)	(City)	(State)	(Zip)	·1874·	UNIVERSITY
Home Phone	Cell Pr	ione			Office Use Only
(Student ID# or Social S	Security#)				Amount Paid:
	PTS requested is			\$	Processed by:
Number of RUSH* TRA	NSCRIPTS requested is	s@\$	10.00 each for	a total of \$	
Maiden Name/Name un	nder which enrolled at W	SU if different:			
Attended WSU:	From:		То:		
Level of Study at WSU:	Undergraduate	Graduate			
	l undergraduate and gra			graduate, please note.	
	nt term grades are poste ee or certificate is posted				
	days for processing your	transcript reque	est Transcripts	are processed by date	received
-	vill be released to or for		-		
3. Transcripts are \$5.0	0. *Rush transcripts are	\$10.00.			
4. You must use a sepa	arate form for each maili	ng address to w	hich you are fo	rwarding a transcript.	
than mailed or in pe	rson requests. Fax only	available during	Registrar's Off	ice working hours.	ts will not be processed any faster
*No RUSH Transcripts	during Registration ti	mes. RUSH tra	nscripts are pro	cessed within 24 worki	ng hours Monday-Friday of re-
-	6H transcripts are sent re ts sent within WSU com	-	an. we are not r	esponsible for mailing c	leiays.
,				-	
SIGNATURE OF STUD	ENT			Today's Date:	
Mail transcript to: (Ple	ase print clearly and ind	icate specific off	fice.) <u>OR</u>	Pick up on:	
MAIL:					

Method of Payment: Cash Check or Money Order, payable to WSU Credit Card (for faxed r	equests only) Type:
	xp. Date: / /
Security Code: (last 3 numbers on back of credit card by signature) Amount: \$	Bursar's Office Initials
Student Signature: Date:	Date:
Email (required for credit card receipt):	Copies: Mailer, Registrar, Student