

OFFICIAL TRANSCRIPT REQUEST

Fill-out form (PLEASE PRINT), sign, and mail with payment to:

University of Wisconsin-Platteville
Office of the Registrar
101 Brigham Hall
1 University Plaza
Platteville WI 53818-3099
PHONE: 608-342-1321 FAX: 608-342-1389
www.uwplatt.edu/registrar

For Office Use Only	
RECEIVED	Emplid: _____
	PS _____ COMPASS _____ Vault _____
	Paid: \$ _____ Mthd Payment: _____
	Inv #: _____ Date Sent: _____

Last Name First Name Initial SS# or ID# _____

List former name(s): _____ Date of Birth: ___ / ___ / ___

CURRENT: _____

ADDRESS: _____

PHONE: _____ CELL: _____

EMAIL: _____

***** PLEASE NOTE *****

Transcripts issued to the student will be stamped **ISSUED TO STUDENT**.

- * Most organizations will **NOT** accept an "ISSUED TO STUDENT" transcript.
- * To avoid delays and additional costs, determine what is required before completing your request.

NO transcripts will be issued if there are any outstanding debts at UW-Platteville.

ARE YOU CURRENTLY ENROLLED? YES ___ NO ___ (If NO, date of last attendance: _____)

Undergraduate* and **Graduate School**** records are separate. You must indicate which records you are requesting. Requesting both records would be considered one transcript request at **\$7.00** each. Official transcripts are printed on security paper and bear the signature of the Registrar and the school seal.

Number of Transcripts requested: ___ Undergraduate ___ Graduate School ___ Both Undergraduate & Graduate School

Normal Processing: Total transcripts _____ X \$7.00 = \$ _____
(transcript will be mailed within two business days after receipt of request – allow time for mail service)

Rush Processing: Total transcripts _____ X \$10.00 = \$ _____
(same-day or in-person requests processed while you wait – request must be in by 1:00 pm for mail service)

- Check one
- Process Request upon receipt
 - HOLD** for grades in progress
 - HOLD** until degree is posted

Fax service: Total transcripts _____ X \$15.00 = \$ _____
(must be in by 1:00 pm to include rush same-day processing of a faxed unofficial transcript and an official copy sent via regular U.S. mail)

Make checks payable to UW-Platteville. Black or blue ink pen only. All other checks will be returned to the student.

CREDIT CARD – MasterCard or VISA only! (Card must be issued in name of person requesting transcripts)

Account #: _____ **CCV Code:** _____ **Expiration Date:** _____

CHECK ONE OF THE FOLLOWING: I will **PICK UP** transcript(s) in person. (Must show I.D.)
 SEND transcript(s) to address(es) or fax number listed

✦ If transcripts are being sent to you, should they be in separately sealed & stamped envelopes? Yes No

SEND TO: _____

(Please Print) _____

Fax# _____

*Please list additional addresses on the back or include them on a separate sheet. Thank you!

STUDENT SIGNATURE: _____

Signature above authorizes the following: 1) the search of my records by Social Security Number (if provided), 2) a charge of total fees to my credit card number (if provided), and 3) the delivery of transcripts in the method specified on this form.

Insufficient, inaccurate or illegible information will prevent processing of your request!