



TRANSCRIPT REQUEST

Wheeling Jesuit University

Name: _____ Student ID: _____
First Middle Last or WJU Student ID#

Other Name(s): _____ SSN: _____
Previous/Maiden or Social Security Number

Address: _____ DOB: _____
Street Address City State Zip or Date of Birth

Email: _____ Phone: _____

Enrollment: Current Student or Dates of Attendance From: _____ To: _____
MM / YYYY MM / YYYY

Note: Please allow 3-5 business days processing time; additional delays may occur at peak times. Transcripts will not be released for a student that is encumbered by financial obligations to the University. Each official transcript bears a fee of \$7 or more depending on delivery method selected. The Registrar's Office can only accept payments of cash, check, or money orders made out to Wheeling Jesuit University. For payment via debit or credit cards, one must use the online system through National Student Clearinghouse for those requests. Refer to www.wju.edu/registrar/transcript or contact the Office of the Registrar with information presented below for any further questions.

Transcript(s) Requested	Delivery Timeframe	Comments/Special Instructions:
Type <i>Standard Fee \$7</i> <input type="checkbox"/> Official <input type="checkbox"/> Unofficial <i>Free Service</i>	Number: _____ <input type="checkbox"/> Send Immediately <input type="checkbox"/> Send After Grading of Current Term <input type="checkbox"/> Send After Degree Posting <input type="checkbox"/> Hold for Pickup <input type="checkbox"/> Other: _____	
Delivery Method		
<input type="checkbox"/> Standard Mail (Send to the following address)		<input type="checkbox"/> Electronic (Send via email provided)
Release to Entity		Secured Email Address
Address Line 1		<input type="checkbox"/> Facsimile (Send via fax for UNOFFICIAL only)
Address Line 2		Fax Number
City State Zip		<input type="checkbox"/> Expedite same day with selected service. +\$5 fee *Overnight orders must be done through NSC website.

The Family Educational Rights to Privacy Act of 1974 (FERPA) prohibits the release of a student's confidential information to a third party without that student's written consent. By signing this form you are giving consent to release your transcript information to the disclosed entity above.

Student Signature: _____ Date: _____

Office of the Registrar Use Only					
Received Date	Payment Received	<input type="checkbox"/> Cash <input type="checkbox"/> Check #	Amount	Business Office Clearance Date	Sent Date

Wheeling Jesuit University
 Office of the Registrar
 316 Washington Ave., Wheeling, WV 26003
 Phone: (304) 243-2238 | Fax: (304) 243-2349
 Email: registrar@wju.edu