



# 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 or Perkins. Each official transcript bears a fee of \$10.00. 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](http://www.wju.edu/registrar/transcript) or contact the Office of the Registrar for any further questions.

Transcript(s) Requested		Delivery Method	
Type <small>Fee \$10</small> <input type="checkbox"/> Official  <input type="checkbox"/> Unofficial <small>Free Service</small>	Delivery Timeframe <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:	<input type="checkbox"/> Standard Mail (Send to the following address)	
		Release to Entity	
		Address Line 1	
		Address Line 2	
Number Requested  Comments/Special Instructions:		City State Zip	
		<input type="checkbox"/> Facsimile (Send via fax for UNOFFICIAL only)	
		Fax Number	

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: \_\_\_\_\_

<b>Received Date</b>	<b>Payment Received</b>	<input type="checkbox"/> Cash Amount <input type="checkbox"/> Check #	<b>Business Office Clearance Date</b>	<b>Sent Date</b>
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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