

Washington County Community College  
Registrar's Office

TRANSCRIPT REQUEST FORM

**Student Information**

Name:
Address:
Phone:
E-mail:
Social Security #:
Date of Birth:
Previous Name:
Dates of Attendance:
Number of Transcripts:
Send Immediately                      Hold for semester grades

Transcripts will not be sent if there are any outstanding obligations to the College.

- Cost of transcript is \$3.00
- Please allow one week for processing
- Expedited transcript requests (processed within one working day of the request) is \$10.00
- Make checks payable to WCCC

I hereby authorize the release of my WCCC academic transcript to the individual or organization indicated below.
Signature: _____ Date _____

Enter below the person, concern or institution to which the transcript(s) is/are to be sent.

Name:
Address:
Attention:

Name:
Address:
Attention:

Are you currently enrolled in a WCCC program?

- Yes
- No

Office Use Only	
_____	_____
Initials	Date