



You must print and sign this form before submitting it.

REQUEST FOR TRANSCRIPT

Registrar's Office ■ Wheaton College ■ 501 College Ave ■ Wheaton IL 60187 ■ Ph. 630-752-5046 ■ Fax 630-752-5245

PLEASE PRINT

Student's Name		<i>First</i>	<i>MI</i>	<i>Last</i>	<i>Maiden</i>
Std ID #	SS#	Attendance: From _____ To _____ (Month/Year)			
Current Street Address or CPO address					
Current City/State/Zip					
Email Address				Daytime Phone #	
Program(s) Attended: <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate <input type="checkbox"/> Summer School Only					
Reason for Request: <input type="checkbox"/> School <input type="checkbox"/> Employment <input type="checkbox"/> Reference <input type="checkbox"/> Other _____					
<i>Transcripts will not be released to students with outstanding college bills or Alumni with delinquent loan repayments.</i>					
Signature _____				Date _____	
<i>Electronic signatures are not accepted.</i>					
PROCESSING TIME IS 2-3 DAYS, LONGER DURING PEAK PERIODS. Please select from list below:					
<input type="checkbox"/> Hold _____ copies of transcript for pick-up. (<i>Photo ID required at time of pickup</i>)					
Electronic option only available for transcripts issued after 1989.					
<input type="checkbox"/> Deliver electronic transcript to a school <u>within</u> the eSCRIP-SAFE® Network (Locate member schools at http://www.scrip-safe.com/products/electronic-transcripts/network-members.aspx) School & Office: _____					
<input type="checkbox"/> Deliver electronic transcript to an organization or person <u>outside</u> the eSCRIP-SAFE® Network . Recipient First and Last Name: _____ Email Address: _____					
<input type="checkbox"/> Mail _____ copies of transcript to the address below <i>AND / OR</i> <input type="checkbox"/> Mail _____ copies to current address above (<i>Attach list if necessary</i>)					
School/Business Name					
Recipient					
Address Line 1					
Address Line 2					
City/State/ZIP/Country					
<input type="checkbox"/> Issue as requested above, AFTER:					
<input type="checkbox"/> Grades are Posted – choose one: Fall Spring Year: _____					
<input type="checkbox"/> Degree is Posted – Graduation Date: _____					
<input type="checkbox"/> Grade is Changed – Course: _____					

Your **signed and dated** form may be faxed or e-mailed in PDF format to transcripts@wheaton.edu