

Request for Notarized Certification of Diploma and/or Transcript

Submit by email to registrar@wheaton.edu

This Form Requires a Hand-Written Signature

Registrar's Office ■ Wheaton College ■ 501 College Ave ■ Wheaton IL 60187 ■ Registrar@Wheaton.edu ■ Ph. 630-752-5045

PLEASE PRINT

| First | | Middle | | Last | Maio | Maiden | |
|--|------------------------|-------------------------|-----|---------------|---------------------|----------------|--|
| Student's Name | | | | | | | |
| Student ID # | Last 4 digits | of SSN (if ID# is unkno | wn) | Attendance: F | rom (Month/Year) | To(Month/Year) | |
| Current Street Address or CPO address | | | | | | | |
| Current City/State/Zip | | | | | | | |
| Email Address | | | | Daytime Pho | ne# | | |
| Program(s) Attended: ☐ Undergraduate ☐ Graduate Summer School Only | | | | | | | |
| Transcripts will not be released to students with outstanding financial holds | | | | | | | |
| Signature Date | | | | | | | |
| Licoto | ino orginatareo are no | t decepted | | | | | |
| TRANSCRIPTS and/or DIPLOMA ¹ | | | | | | | |
| ☐ Hold copies for pick-up. (Photo ID required at pickup) | | | | | | | |
| ☐ Mailcopies to current address above | | | | | | | |
| ☐ Mail copies to the address below (Attach list if necessary for multiple addresses) | | | | | | | |
| Recipient/ School/Business Name | | | | | | | |
| Address Line 1 | | | | | | | |
| Address Line 2 | | | | | | | |
| City/State/ZIP/Country | | | | | | | |

¹ If you no longer have your diploma, or prefer not to scan it to us, you will need to also submit a diploma replacement form. There will be a \$35 fee to process a replacement of your diploma.