

You must print and sign this form before submitting it.

Submit by mail, fax or email to transcripts@wheaton.edu

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 #	Last 4 digits of SSN (if Std# ID# is unknown)		Attendance: From _____ To _____ <small>(Month/Year) (Month/Year)</small>		
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 _____					
Transcripts will not be released to students with outstanding college bills or to alumni with delinquent loan repayments.					
Signature _____			Date _____		
<i>Electronic signatures are not accepted.</i>					
PROCESSING TIME IS 2-3 DAYS, LONGER DURING PEAK PERIODS. Please select from list below:					
ELECTRONIC TRANSCRIPTS:					
<input type="checkbox"/> Deliver electronic transcript to a <u>school</u> within the eSCRIP-SAFE® Network <small>(Locate member schools at https://escrip-safe.com/schools/member_list)</small>					
School & Office: _____					
<input type="checkbox"/> Deliver electronic transcript to <u>yourself</u> or to an organization/person <u>outside</u> the eSCRIP-SAFE® Network .					
Recipient First and Last Name: _____					
Email Address: _____					
PAPER TRANSCRIPTS:					
<input type="checkbox"/> Hold _____ copies of transcript for pick-up. <small>(Photo ID required at pickup)</small>					
<input type="checkbox"/> Mail _____ copies to current address above					
<input type="checkbox"/> Mail _____ copies of transcript to the address below <small>(Attach list if necessary for multiple addresses)</small>					
Recipient/ School/Business Name					
Address Line 1					
Address Line 2					
City/State/ZIP/Country					
<input type="checkbox"/> Issue Transcript NOW			<input type="checkbox"/> Issue Transcript AFTER:		
			<input type="checkbox"/> Grades are Posted (Circle one) Fall Spring Summer Year: _____		
			<input type="checkbox"/> Degree is Posted – Graduation Date: _____		
			<input type="checkbox"/> Grade is Changed – Course: _____		