

Office of the Registrar

Transcript Request Form

This form is primarily for students who attended Wittenberg before 1988. Students who attended before 1988 are only able to request paper copies of their transcript (cannot be sent electronically). Current students and those who attended after 1998 should visit <https://www.wittenberg.edu/administration/registrar/transcript-requests> to submit their request online. There is an \$11.00 charge for each transcript.

Transcripts are mailed via USPS first class mail. **Please allow 3-5 business days for processing.**

Note: The University reserves the right to not issue transcripts if the student's financial obligations to the University are not paid or are overdue. Current phone number and email are requested below so that we may contact you if we are unable to process your request.

Full Name: _____		Birth date (mm/dd): _____	
Full Name while attending Wittenberg (if different): _____			
Current phone: _____		Current email: _____	
Please select one:		<input type="checkbox"/> Current Student	<input type="checkbox"/> Graduate
		<input type="checkbox"/> Master's Student (current or former)	<input type="checkbox"/> Non-Graduate
Approximate dates of attendance: _____			
Reason for transcript:		<input type="checkbox"/> Summer school	<input type="checkbox"/> Scholarship
		<input type="checkbox"/> Transfer to another university	<input type="checkbox"/> Other: _____

Number of copies requested: _____	Total cost (\$11 each): \$ _____
Please visit https://registrar.wittenberg.edu/pay/ to submit payment (preferred). Checks made out to Wittenberg University are accepted if mailing the request form (please do not mail cash).	

Please release my transcript(s) to:	
Name/Organization:	_____
Street Address:	_____
City/State/Zip:	_____
<input type="checkbox"/> I would like to pick the transcript up in person (photo ID must be presented)	

Under the provisions of the Family Education Rights and Privacy Act of 1974,
I authorize the Office of the Registrar to release a transcript(s) of my academic record
to the individual/organization stated on this request.

Student signature authorizing release

Date

Questions? Please email registrar@wittenberg.edu or call (937) 327-6131.

OFFICE OF THE REGISTRAR USE ONLY			
Date received: _____	Rec'd by (initials): _____	Via:	<input type="checkbox"/> in person <input type="checkbox"/> email <input type="checkbox"/> mail <input type="checkbox"/> fax
Amount Paid: _____	Receipt Attached: <input type="checkbox"/> yes <input type="checkbox"/> no	Paid via:	<input type="checkbox"/> Registrar Pay Site <input type="checkbox"/> Check <input type="checkbox"/> Cash (in person only)
Date Processed: _____		Processed by (initials): _____	