Fax: 724-852-7783 Email: registrar@waynesburg.edu



## Office of the Registrar **Transcript Request**

Please fill out a separate request for each address to which you are sending transcripts.

Transcripts are provided by the Office of the Registrar and are issued only upon the written request of the student. No transcripts will be issued if the student has an outstanding debt at the University. All grades, academic suspension actions, degrees received, and degree honors are included on the transcript.

Official transcripts are usually mailed directly to educational institutions, employers, etc. A student may obtain an official transcript for his

•	ot must include the student's complete record at Waynesburg University.
ID:	or Social Security Number: 🗵 🗵 🗆 🗆
Last Name while attend	ding: Birth Date (MO/DY): ☐ ☐ — ☐ ☐
Current Name (Last, Fir	rst, MI):
Dates of Attendance (MO/YEAR):	
Daytime Telephone:	Number of Transcripts:
Status:	When do you want transcript(s) processed?
☐ Attending	☐ Immediately
☐ Graduate	☐ Hold for Final Grades
☐ Former	☐ Hold for Degree Conferral
Print plainly the name, t	itle, and address of the person and/or institution to whom you wish this transcript mailed.
Signature (required):	Date:
J.B. Latare (Tequilea).	

Reason for sending transcript: ☐ Transferring ☐ Employment ☐ Certification ☐ Graduate School ☐ Personal ☐ Licensure