

Transcript Request

 7600 Flower Avenue
 Takoma Park, MD 20912-7796
 FAX: 301-891-4121

- **Requests will NOT be processed without a signature.**
- We do NOT process same day.
- Transcripts will be processed within 3-5 business days.
- Students prior to 1990, allow more than 5 business days processing
- You must have a financial balance of **zero**.
- Requests will **NOT** be processed without payment. We do **NOT** accept checks.
- Submit this form via email (transcripts@wau.edu), mail, or at our front desk.

Please Fill Out Form Completely and Clearly

Student Name: _____

Name when attending WAU: _____

Type of Student (If Applicable): _____

 Congress Newbold Dual Credit Consortium Radiography (Washington Adventist Hospital)

 WAU ID# **or** last four digits of SSN: _____ Date of Birth: _____

Best Contact Phone: _____

E-mail: _____

Year of last attendance at WAU: _____

 Hold until grades are entered at the end of semester? Hold until graduation date is conferred?
Check one: **Pick up (Will not be released without ID)** **Mail to address(es) below**
Mail to Address 1
 Name/Org: _____

Street: _____

City, State, Zip: _____

Mail to Address 2
 Name/Org: _____

Street: _____

City, State, Zip: _____

Email for Unofficial to be sent to: _____

Note: Official Transcripts cannot be sent by electronic means; only Unofficial copies

Payment: Cash Credit Card Money Order

Transcript Item	# of Items	Cash	Credit card/ Money order	Cost
Official Transcript		\$5	\$6	
Unofficial Copy		NO CHARGE		
			Total:	

All transcripts are mailed via standard USPS. No expedited shipping available.
For Credit Card Use Only:

Card Number: _____

Card Expiration Date (mm/yy): ____ / ____

Name on card: _____

CVV (3 digit security code) _____

Signature: _____ Date of Request: _____

(required)