WORCESTER STATE UNIVERSITY — REGISTRAR'S OFFICE
486 CHANDLER STREET, WORCESTER, MA 01602-2597 • FAX: 508-929-8196

TRANSCRIPT REQUEST

WORCESTER State University

_____
(Last Name) (First) (MI)

_____
(Street Address) (City) (State) (Zip)

Home Telephone _____ Business Telephone _____

(Student ID# or Social Security#) _____

Number of TRANSCRIPTS Requested @ $5.00 Each: _____

Number of RUSH* TRANSCRIPTS Requested @ $10.00 Each: _____

Office Use Only
Amount Paid: _____
Processed by: _____

Maiden Name/Name under which enrolled at WSU if different: _____

Attended WSU: From: _____ To: _____

Level of Study at WSU: Undergraduate ___ Graduate ___

Received a degree from WSU? Yes ___ No ___ Year Graduated from WSU: _____
If Yes, Indicate Degree(s): Bachelor's _____ Master's _____

Please hold my request until:

- ☐ My current term grades are posted for _____ semester
- ☐ My degree or certificate is posted for _____ semester

PLEASE READ VERY CAREFULLY

1. Allow ***5 working days*** for processing your transcript request. Transcripts are processed by date received.
2. **Peak Periods** (December, January, April, May, September, November) allow ***12 working*** days.
3. **NO TRANSCRIPT** will be released to or for any student with an outstanding financial obligation to Worcester State.
4. Transcripts are $5.00 per set. **PAYMENT MUST BE SUBMITTED WITH REQUEST.**
5. You must use a separate form for each mailing address to which you are forwarding transcript.
6. You may fax your request to 508-929-8196 with credit card information listed below. Faxed requests will not be processed any faster than mailed or in person requests.

***RUSH TRANSCRIPT $10.00** **No RUSH Transcripts during Registration times.** RUSH transcripts are processed in 24 working hours Monday-Friday (in by noon out by noon of next day). RUSH transcripts cannot be requested by mail. Form must be submitted to the Registrar's Office.

No Charge for transcripts sent within WSU community.

_____ Today's Date: _____
SIGNATURE OF STUDENT

Mail transcript to: (Please print clearly and indicate specific office.) ***OR*** **Pick up on:** _____

MAIL: _____

_____

_____

_____

Method of Payment: ☐ Cash ☐ Check or Money Order, payable to WSU ☐ Credit Card *(for faxed requests only)* Type: _____

CC# ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Exp. Date: ___ ___ / ___ ___

Security Code: ☐☐☐ *(last 3 numbers on back of credit card by signature)* *Amount: $*_____

Student Signature: _____ Date: _____

Email *(for receipt)*: _____

Bursar's Office Initials _____
Date: _____

Copies: Mailer, Registrar, Student