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 Phone _____ Cell Phone _____

(Student ID# or Social Security#) _____

Office Use Only
Amount Paid: _____

Number of TRANSCRIPTS requested is 0 @ $5.00 each for a total of $ $0

Number of RUSH* TRANSCRIPTS requested is 0 $10.00 each for a total of $ $0

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

Attended WSU: From: _____ To: _____

Level of Study at WSU: Undergraduate ☐ Graduate ☐

Transcripts consist of all undergraduate and graduate records. **If you only want graduate, please check here.** ☐
Degree(s) received (if applicable) _____

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 ***5-7 working days*** for processing your transcript request. Transcripts are processed by date received.
2. **NO TRANSCRIPT** will be released to or for any student with an outstanding financial obligation to Worcester State.
3. Transcripts are $5.00. *Rush transcripts are $10.00.
4. You must use a separate form for each mailing address to which you are forwarding a transcript.
5. You may fax your request to 508-929-8196 with credit card information listed below or email the scanned request to transcripts@worcester.edu. Faxed requests will not be processed any faster than mailed or in person requests.
6. Transcripts picked up can only be released to requester, unless written permission for release is obtained from the requester.

***No RUSH Transcripts during peak times.** RUSH transcripts are processed within 24 working hours Monday-Friday of receipt. Please note, RUSH transcripts are sent **regular USPS mail**. We are **not** responsible for mailing delays.

No Charge for transcripts sent within WSU community.

SIGNATURE OF STUDENT_____ Today's Date: _____
(electronic or typed signatures are NOT valid)

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 Type: N/A

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

Security Code: *(*CVV from *back of credit card)* ☐☐☐☐ *Amount: $*_____

Bursar's Office Initials _____
Date: _____

Cardholder Name (Print): _____

Cardholder Signature: _____ Date: _____

Email (required for credit card receipt): _____