

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#)

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

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

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

- Allow 5-7 working days for processing your transcript request. Transcripts are processed by date received.
- NO TRANSCRIPT will be released to or for any student with an outstanding financial obligation to Worcester State.
- Transcripts are \$5.00. \*Rush transcripts are \$10.00.
- You must use a separate form for each mailing address to which you are forwarding a transcript.
- You may fax your request to 508-929-8196 with credit card information listed below or email the scanned request to transcripts@worchester.edu. Faxed requests will not be processed any faster than mailed or in person requests.
- 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 (electronic or typed signatures are NOT valid)

Today's Date:

Mail transcript to: (Please print clearly and indicate specific office.) OR

Pick up on:

MAIL:

After completion this form must be SAVED then printed & SIGNED, then fax (508-929-8196) or email (transcripts@worchester.edu)!

Method of Payment: Cash Check or Money Order, payable to WSU Credit Card Type:

CC#

Exp. Date: /

Security Code: (CVV from back of credit card)

Amount: \$

Bursar's Office Initials

Cardholder Name (Print):

Date:

Cardholder Signature: Date:

Email (required for credit card receipt):