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# WOOD COLLEGE TRANSCRIPT REQUEST FORM

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Date: \_\_\_\_\_

Please send a copy of my official transcript to:

\_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
City State Zip code

Personal information while in attendance at Wood College:

Name attended under \_\_\_\_\_

Social Security number \_\_\_\_\_

Date of Birth \_\_\_\_\_

Dates of attendance \_\_\_\_\_ to \_\_\_\_\_

Daytime telephone number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

We accept cash, checks, money order or debit/credit cards.

Credit card information:

Please circle type of card.     Visa     MasterCard     AmEx     Discover

Full name on credit card \_\_\_\_\_

Card Number \_\_\_\_\_ Expiration date \_\_\_\_\_

Credit card billing address \_\_\_\_\_

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
City State Zip code

Thank you

I'm enclosing the proper fee to cover the cost of processing this transcript request.

(Transcripts are \$20.00 per copy for the first two copies. Additional copies ordered the same day are \$5.00 per copy. \$5.00 for faxed copy, only faxed to other colleges and universities)

Print name \_\_\_\_\_

\_\_\_\_\_  
Student signature

Records Office use only

Business office use only

\$ \_\_\_\_\_ received with request

\_\_\_\_\_ Approved Bus off

Date mailed \_\_\_\_\_ Date picked up \_\_\_\_\_