



TRANSCRIPT REQUEST

Name _____

Address _____

Daytime Telephone _____

Email _____

SSN _____ Date of Birth _____

Currently enrolled at Wilson College? () yes () no
If not, last year of enrollment/graduation date _____

Name while in attendance if other than above:

I authorize Wilson College to forward my academic record to the institution(s), employer(s), or individual(s) named below.

Signature _____

The information provided below will be copied exactly as provided.
Please print clearly.

PLEASE FORWARD TRANSCRIPT(S) TO:

*** Send completed form with payment to:**

OFFICE OF THE REGISTRAR
WILSON COLLEGE
1015 PHILADELPHIA AVENUE
CHAMBERSBURG, PA 17201

Number of transcripts requested _____

Check one:

- Process now
 Hold for _____ semester grades

Transcript requested (check all that apply):

- Undergraduate Wilson College record
 Graduate Wilson College record
 Penn Hall record
 Unofficial transcript - no charge (limit: 1 to student only)
 Official transcript - \$5.00 each *
 Official transcript rush order - \$15.00 each *

* Provide cash or check / money order made payable to: Wilson College

* Credit card payment is **not** accepted.

* Requests will not be processed without payment.

(For Office use only)

Amount paid _____

Check/Money Order # _____

Date request received _____

Date request processed _____

Transcript requests are normally processed once per week, usually on Thursdays. Rush order requests are processed as soon as possible upon receipt and sent via normal postal mail. Additional cost for requesting a special shipping method is paid by the student.

Please be aware that a hold on your student account will prevent release of your transcript.

Additional addresses may be listed below.