



LWC TRANSCRIPT REQUEST

WILSON COLLEGE

Please **PRINT** clearly & firmly. Print Form and mail or fax to address below. If faxed credit card or debit card information must be included. Requests with NO PAYMENT will be returned to the student address provided below.

Student Name: _____ Birthdate: _____
LAST FIRST MIDDLE

FEDERAL LAW REQUIRES SIGNATURE (AND DATE) BELOW BEFORE TRANSCRIPT CAN BE RELEASED.

SIGNATURE : _____ DATE : _____

LWC I.D. OR Social Security Number: _____ Date & Type of Degree: _____

Daytime Telephone Number: _____ E-mail: _____

Student's Postal Mail Address:

Street _____
 City _____ State & Zip Code _____

Other name used on records: _____ (example: maiden name)
 Check if you are currently enrolled at LWC OR Indicate year of last

TRANSCRIPT REQUEST [NFORMATION -PREPAYMENT AND COMPLETE ADDRESS IS REQUIRED FOR PROCESSING

Please send _____ transcripts to: _____ quantity
NOTE: Student is responsible for complete address. If transcript is to be sent to more than one address, use additional forms.

Name _____
 Street- _____
 City, State & Zip Code _____

Method of Payment: _____ (Transcripts are \$9 per copy)
 _____ Check or Money Order enclosed for _____ amount _____ Charge my Credit Card or Debit Card (All major credit cards accepted.)
 Account Number: _____ Exp. Date: _____

- o Mail this form to: Registrar's Office; Lindsey Wilson College; 210 Lindsey Wilson Street; Columbia, KY 42728. You may also FAX your signed request to 270-384-8228 (include credit or debit card information).
- o Transcripts will not be released if the student's financial accounts at LWCV are not fully paid at the time of the request.

For further information regarding transcripts, contact the Registrar's Office at (270) 384-8025 or registrar@lindsey.edu.

Special Instructions:
 Note: If no instructions are given, transcript(s) will be sent immediately.

_____ Hold for final grades
 _____ Hold until Degree is recorded (tenn: _____)
 _____ Other: (list in space provided below)