

Transcript Request

Full Legal Name: _____

Former/Maiden: _____

Student ID/Social Security Number _____ Date of Birth _____

Phone Number: _____

Address: _____
(Street, City, State, Zip)

Transcript Processing Service – choose one of the following options:

Issued to Student* @ \$15.00 per transcript

Regular Mail @ \$15.00 per transcript

BUSINESS OFFICE

Delayed Service – hold for current semester grades

*Please note: Most educational institutions require that transcripts be mailed directly to them from the sending institution and will not accept them as “official” if hand delivered. If hand delivered transcripts are refused, a new request and an additional fee will be required.

Institution Name(s) and Mailing Address(es):

_____	_____
_____	_____
_____	_____
_____	_____

Number of Transcripts Requested: _____

Total Due: \$ _____

Signature _____ Date: _____

Send Requests to: Washington State Community College, Attn: Records Office – 710 Colegate Drive,
Marietta, Ohio 45750 | **Fax:** 740-568-1965 | **Email:** recordsoffice@wscc.edu

Office Use Only: Post Mail _____ ATC _____ Issued to Student _____ Initials _____ Date _____

Method of Payment – do not send cash Check Credit/Debit Card

Credit Card Number: _____

Printed Name (as it appears on card): _____

Card Expiration Date: _____ CCV Number (3 digit code on back) _____