



Transcript Request

Full Name: _____

Former/Maiden Name: _____

Student ID/Social Security Number: _____ Date of Birth: _____

Phone Number: _____

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

Check this box to send transcript(s) after current semester grades

BUSINESS OFFICE

*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.

Name(s) and Mailing Address(es):

Number of Transcripts requested: _____ X \$8.00 per transcript = \$ _____

Signature: _____ Date: _____

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

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

Method of Payment: Check Credit/Debit Other (cash or money order)

Visa MasterCard Discover

Credit/Debit Card Number: _____

Printed Name (as it appears on card): _____

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