INDIANA WESLEYAN UNIVERSITY

Registrar's Office • 4201 S. Washington St. • Marion, IN 46953 • 765-677-2131

TRANSCRIPT REQUEST FORM

Please **print** and complete the form below. **Signature and payment method must be provided in order for request to be processed.**
Once the form is completed either fax the form to 765-677-2662
or mail the form to: **Attn: Registrar's Office**
Indiana Wesleyan University
4201 S. Washington St.
Marion, IN 46953

=== **Office Use Only** ===

Date Received: _____ Amount Due: _____

Payment Method: _____ Amount Paid: _____

Below Information Is Required In Order For Transcript Request To Be Processed

Name: _____
(Last) (First) (Middle) (Maiden)

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Daytime Phone #: _____ **Alternate Phone #:** _____

Student ID# _____ or **Social Security #** _____

Last Semester/Yr Attended _____ **Email Address:** _____
(Please Print)

Hold for Semester Grade (Y/N) _____ **Hold for Degree (Y/N)** _____

Total Number of Transcripts Requested: _____

$3.00 each for transcripts sent regular mail or picked up at the Registrar's Office. **$10.00** each for faxed transcripts. (Please include fax number and mailing address for faxed transcript requests. An unofficial transcript will be faxed and an official transcript will be mailed to the same location only.)

Payment can be made with Check, Money Order, Visa, MasterCard, Discover, or American Express. If paying by credit card please provide the Account Number, Expiration Date and V-Code**. Checks or Money Orders should be written to Indiana Wesleyan University.

Payment: ☐ Check ☐ Money Order ☐ Cash ☐ MasterCard ☐ Visa ☐ Discover ☐ American Express

Check or Money Order #: _____

Credit Card #: _____

Exp. Date: _____ V-Code*: _____ Amount Enclosed: _____

*** The general rule for identifying the V-Code is that it is the last portion of any number in the signature block which is not part of your account number.*

Signature Required For Transcript Request To Be Processed

Signature: _____ **Date:** _____

☐ **Mail** ☐ **Fax** ____ **# Of Transcripts To Be Sent To Below Address**

Name: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Fax Number: _____ **Special Instructions:** _____

☐ **Mail** ☐ **Fax** ____ **# Of Transcripts To Be Sent To Below Address**

Name: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Fax Number: _____ **Special Instructions:** _____

**** Please allow 2-3 business days to process mailed requests and 24 hours to process faxed requests. ****