



# INDIANA WESLEYAN UNIVERSITY

Records Office • 4201 S. Washington St. • Marion, IN 46953 • 765-677-2131

## REQUEST FOR TRANSCRIPT

Please **print** and complete the form below. The form **must** have a signature\* in order to be processed. Once the form is completed either fax the form to 765-677-2662 or mail the form to: Attn: Records Office  
Indiana Wesleyan University  
4201 S. Washington St.  
Marion, IN 46953

=== Office Use Only ===

Date Received: \_\_\_\_\_ Amount Paid: \_\_\_\_\_

Payment Method: \_\_\_\_\_ Amount Due: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

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

Name: \_\_\_\_\_  
(Last) (First) (Middle) (Maiden)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZipCode: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

Student ID# \_\_\_\_\_ or Social Security # \_\_\_\_\_

Current Student \_\_\_\_\_ or Former Student \_\_\_\_\_

Last Semester/Yr Attended \_\_\_\_\_ Hold for Semester Grade ( Y/N ) \_\_\_\_\_

Total Number of Transcripts Requested: \_\_\_\_\_

\$3.00 each for transcripts sent regular mail or picked up at the Records 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.)

Payment can be made with Check, Money Order, Visa, Mastercard, or Discover. 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  Visa  Mastercard  Discover  
Check or Money Order #: \_\_\_\_\_  
Account #: \_\_\_\_\_ Amount Enclosed: \_\_\_\_\_  
Exp. Date: \_\_\_\_\_ V-Code\*: \_\_\_\_\_

\*\* 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.

Mail  Fax \_\_\_\_\_ # Of Transcripts To Be Sent To Below Address

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZipCode: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Mail  Fax \_\_\_\_\_ # Of Transcripts To Be Sent To Below Address

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZipCode: \_\_\_\_\_

Fax Number: \_\_\_\_\_

### Signature Required For Transcript Request To Be Processed

Signature\*: \_\_\_\_\_ Date: \_\_\_\_\_