

**Registrar's Office
Kentucky Wesleyan College
TRANSCRIPT REQUEST**

Mail this completed form with your payment (if applicable) to the Registrar, Kentucky Wesleyan College, 3000 Frederica Street, Owensboro, KY 42301. Checks should be made payable to Kentucky Wesleyan College.

Social Security Number _____ Today's Date _____

Last Name _____ First _____ Middle _____

Maiden Name (if applicable) _____ Date of Birth _____

Current Phone Number _____ Email address: _____

Current Home Address: _____


City State Zip Code

I want to take my transcript with me

OR

Send _____ (Number of) OFFICIAL TRANSCRIPTS to the recipient / address below.

Note: All Official Transcript copies are \$11.00 each, payable in advance.

To: _____ Attention: _____ Address: _____ <div style="display: flex; justify-content: space-between;"> _____ City _____ State _____ Zip Code </div>	
---	---

<input type="checkbox"/> Process my request now, <u>OR</u> <input type="checkbox"/> Hold until present courses completed/degree awarded	<input type="checkbox"/> I am now attending KWC, <u>OR</u> <input type="checkbox"/> Last attended KWC in year _____
---	---

UNOFFICIAL COPY ONLY – NO CHARGE (We cannot email transcripts.)

Please fax my unofficial copy to (_____) _____ Attn: _____

OR I want to take my unofficial transcript with me **OR**

Mail my unofficial copy to:

Signature **X** _____

****SIGNATURE IS REQUIRED FOR ALL TRANSCRIPT REQUESTS!**

To be completed by Registrar's Office: _____ No Charge – Unofficial Only Paid: \$ _____ Cash _____ Check _____ Money Order _____ Credit Card
--