

Transcript Request Form for Concordia University Wisconsin

Please print, complete, sign, and fax, email or mail to:

Registrar's Office
Concordia University Wisconsin
12800 North Lakeshore Drive
Mequon, WI 53097-2402

FAX: 262.243.2610
Phone: 262.243.4345
Email: registrar@cuw.edu

Please provide the following information about yourself:

Name: _____

Maiden or other name: _____

Address: _____

Home phone: _____

F00 #: _____ or Social Security #: _____

Signature _____ Date: _____

Student signature is required for release of transcripts.

Requesting:

_____ Official transcript(s) (Please indicate number of transcripts requesting)

Billing (please check preference; \$8 each per official transcript)

_____ Payment enclosed-NO PERSONAL CHECKS

_____ Please bill my credit card.

If paying by credit card:

Name on credit card (if different from student): _____

Credit card type: _____ MasterCard _____ Visa _____ Discover

Credit card number: _____

Credit card expiration date: _____

Card Security Code _____ (three digits)

Zip Code for Billing: _____

_____ Unofficial transcript (one unofficial transcript allowed per request-no fee required)

(If we are faxing the unofficial transcript, please indicate fax # below)

Please fax unofficial transcript to (_____) _____

Attention: _____

Concordia should send the transcript to:

Name _____

Address _____

Additional Information:

_____ Currently enrolled

OR

Dates of Attendance _____

Other remarks _____

Check those statements that apply:

_____ Mail immediately

_____ Hold for current term grades

_____ Hold for graduation posting

_____ Will pick up transcript

_____ Transferring at the end of the current term

**Official and unofficial transcripts
can be mailed or picked up. Only
unofficial transcripts can be faxed.**

Please print clearly. Thank you!