Transcript Request Form for Concordia University Wisconsin

Please print, complete, sign, and fax, email or mail to:
Registrar's Office                        FAX: 262.243.2610
Concordia University Wisconsin          Phone: 262.243.4345
12800 North Lakeshore Drive              Email: registrar@cuw.edu
Mequon, WI 53097-2402

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 please note 1.38% processing fee
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

*Please print clearly. Thank you!*