



# OGLETHORPE UNIVERSITY

## Transcript Request

**Full Name:** \_\_\_\_\_  
Last First Middle

**Student ID Number  
or Last Four Digits of SSN:** \_\_\_\_\_

**Telephone No.:** \_\_\_\_\_  
**Date of Birth:** \_\_\_ / \_\_\_ / \_\_\_\_\_ (MM/DD/YYYY)

**Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
City, State Zip Code Country

- Update my record with the information above
- I am currently enrolled
- Last Attended (Date Attended: \_\_\_ / \_\_\_ / \_\_\_\_\_)
- I attended Woodrow Wilson College of Law

### Transcripts to Be Sent:

- Mail transcript(s) immediately
- Mail transcript(s) when final grades are available
- Hold for pick-up
- Hold until posting of Degree

**PLEASE ALLOW 3 - 5 BUSINESS DAYS FOR TRANSCRIPT REQUESTS TO BE PROCESSED**

Note: For each one of the boxes checked above, you must submit a separate Transcript Request form.

<b>Name:</b> _____ _____ <b>Address:</b> _____ _____ _____ City, State Zip Code Country <b>Number of Copies:</b> _____	<b>Name:</b> _____ _____ <b>Address:</b> _____ _____ _____ City, State Zip Code Country <b>Number of Copies:</b> _____
<b>Name:</b> _____ _____ <b>Address:</b> _____ _____ _____ City, State Zip Code Country <b>Number of Copies:</b> _____	<b>Name:</b> _____ _____ <b>Address:</b> _____ _____ _____ City, State Zip Code Country <b>Number of Copies:</b> _____

**\*\*Oglethorpe University Transcript Cost: \$10 Woodrow Wilson Transcript Cost: \$10\*\***

I hereby authorize Oglethorpe University to release the transcript of my academic record.

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

**Date:** \_\_\_ / \_\_\_ / \_\_\_

Received By: \_\_\_\_\_ Date: \_\_\_\_\_

Processed By: \_\_\_\_\_ Date: \_\_\_\_\_