



**Return completed form to:**  
 EDGEWOOD COLLEGE  
 REGISTRAR'S OFFICE  
 1000 EDGEWOOD COLLEGE DR  
 MADISON WI 53711  
 FAX: 608-663-3290

STUDENT NAME: \_\_\_\_\_

**SIGNATURE\*:** \_\_\_\_\_

STUDENT ID#: \_\_\_\_\_

STUDENT SSN: \_\_\_\_\_

## EDGEWOOD COLLEGE TRANSCRIPT REQUEST

(PLEASE PRINT)

**PLEASE CHECK:**

- For pick-up: \_\_\_\_\_
- Mail to address at right →
- Fax to number at right →
- Hold for:  Semester grades  
 Degree Posting

**SEND TO ADDRESS/FAX, IF APPLICABLE**

Name:		
Address:		
City:	State:	Zip:
Fax #:		

**Number of Transcripts Requested:**

(You may include additional addresses/fax numbers.)

Official copies \_\_\_\_\_ (x \$3.00 each) \$ \_\_\_\_\_

Official transcripts can be sent or picked up only.

Faxed – unofficial \_\_\_\_\_ (x \$3.00 each) \$ \_\_\_\_\_

We are unable to fax official copies of transcripts.

**RUSH MY ORDER!** (\$10.00 extra) \$ \_\_\_\_\_

**RUSH** orders are processed and sent immediately.

**Total Fees Enclosed:** \$ \_\_\_\_\_

**Sorry, we do not accept requests without payment.**

**METHOD OF PAYMENT:**

- Credit Card (required for faxed requests) →
- Cash
- Check

**Credit Card Payment Only:**

Card Type (please circle):    Visa    Mastercard	
Holder's Name:	
Holder's Address:	
Daytime Phone:	
Holder's Signature:	
Card Account #:	
Exp. Date:	Amt. charged: \$

**FOR OFFICE USE ONLY**

Date Rec'd: _____	C: _____
Paid: _____	R: _____
Trans. Hold: _____	D: _____
Date Sent: _____	

\*All requests must be in writing and contain the student's signature. There is a 3 to 7 day processing time. Failure to complete entire form may result in delays. REQUESTS WILL BE RETURNED IF FINANCIAL OBLIGATIONS TO THE COLLEGE HAVE NOT BEEN MET.