



Wright State University Transcript Request

Office of the Registrar
3640 Colonel Glenn Hwy.
Dayton, OH 45435-0001
(937) 775-5588
FAX (937) 775-5597

____ Number of transcripts to address below. Fill out one form for each address.
To pick up transcript, write "pick up" in the address area below. Photo ID required.
****Please print all information.** "Pick up" at Dayton Campus.

Student name/Last First Middle

Street address

City State Zip

Social Security number

**Omission of Social Security Number Will
Delay Processing of Transcript Request.**

____ Issue transcripts now.
____ Hold transcripts for grade change (Provide course, quarter, and year.)

____ Hold transcripts until current quarter grades are posted.
 Fall ____ Winter ____ Spring ____ Summer ____

____ Hold transcripts until degree is posted.
 March ____ June ____ August ____ December ____

Special Instructions

****Written permission of student required to pick-up a transcript other than your own.**

Date of request

Transcript fee (payable at time of request)
\$3 each request
\$1 each additional ordered at the same time
Allow three weeks for processing at the end of the quarter.
Same-day service: \$10 fee
**Normal Service:
5-7 work days**

Maiden Name

Birth Date

Telephone

Signature