



* mail to -

Office of the Registrar
900 Viterbo Drive
La Crosse Wisconsin 54601
(608) 796-3180

REGARDING TRANSCRIPTS:


All transcript requests must be made by the student directly to the Office of the Registrar.

To protect a student, all requests for transcripts must be made in writing and must include the individual's signature. A transcript will not be mailed as the result of a telephone call or FAX request.

Effective September 1, 2005, the charge for a transcript (official or unofficial) is \$5.00 per copy each time a transcript request is received. The \$5.00 fee must accompany the request. If you plan to take additional courses and wish to pay \$5.00 only once, submit the form below after the last course.

Allow a minimum of six weeks from the completion of a course to the time grade reports and transcripts are available. No transcript will be issued until all financial accounts have been cleared with the college.

Individuals needing a copy of their record are encouraged to use the request for transcript form printed below.


Amy S. Gleason, Registrar



Office of the Registrar • 900 Viterbo Drive • La Crosse • Wisconsin • 54601 • 608-796-3180

REQUEST FOR TRANSCRIPT

**MAIL
TRANSCRIPT
TO:**
(print clearly)

Name of college, university, or individual

Address

City State Zip

FOR OFFICE USE ONLY	
FEE	_____
AMOUNT RECEIVED	_____
AMOUNT OWED	_____
DATE SENT	_____

Number of copies to be sent _____ @ \$5.00 ea.

I AM REQUESTING MY: <i>(please check all that apply)</i>	<input type="checkbox"/> UNDERGRADUATE COURSE RECORD	<input type="checkbox"/> GRADUATE COURSE RECORD
	Graduate Studies in Education record? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Note: please allow six weeks from the completion of a course for transcripts to be available.)</i> Course(s) completed in the last 6 months <i>(use back side if needed):</i> _____	
Are you currently attending Viterbo University? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Should we hold your request for: Final Grades? <input type="checkbox"/> Yes <input type="checkbox"/> No Certification of Degree? <input type="checkbox"/> Yes <input type="checkbox"/> No		

STUDENT SIGNATURE _____ DATE _____
STUDENT ID _____ or SSN _____ - _____ - _____ DATE OF BIRTH _____
STUDENT NAME: last first middle maiden () _____ PHONE NUMBER _____
CURRENT ADDRESS: street _____ city _____ state _____ zip _____