



WILLIAM JEWELL COLLEGE

Office of the Registrar ✧ Box 1025 ✧ 500 College Hill ✧ Liberty, MO 64068
Phone: 816-415-5979 ✧ Fax: 816-415-5005
Email: theregistrar@william.jewell.edu

TRANSCRIPT REQUEST

PLEASE NOTE:

- 1. All applicable blanks on this form must be completed. Your signature is required by Federal law for your transcript to be issued.
2. Unless currently enrolled, all transcripts are \$10.00 each, payable at time of request, sent to us by email, mail, or fax.
3. PAYMENT IN FULL MUST BE INCLUDED WITH TRANSCRIPT REQUEST. Acceptable Methods of Payment include: Check, Money Order, Online Payment via Credit / Debit Card (must include printed Payment Confirmation with request)
3. Please allow 2-3 business days for processing of transcripts (possibly longer during peak times).
4. Transcripts will not be issued for former students who still have a financial obligation to the College or any other account hold.
5. This College's student information release policy complies with federal regulations pursuant to FERPA (Family Education Rights and Privacy Act).

Please PRINT clearly:

(LAST NAME) (FIRST) (MIDDLE)
(STREET ADDRESS)
(CITY) (STATE) (ZIP)
(ALL PREVIOUS NAMES under which you were enrolled—maiden, married, etc.)

(SOCIAL SECURITY NO. or WJC ID NO.)
(Date of Birth)
(HOME PHONE or CELL PHONE)
(EMAIL ADDRESS)

Reason for Request:

- Employment
Grad School
Scholarship
Transferring from WJC
Other:

Your WJC Status — please check one:

- Currently Enrolled Student (no charge)
WJC Graduate Grad Year:
Former Student (did not graduate from WJC) Last Year Attended: (approximate)

Processing Instructions:

- SEND NOW (Regular Processing — 2-3 days)
HOLD for Current Semester grades to be posted
HOLD for Graduation Information to be posted
OXBRIDGE Major (Include Oxbridge description)

CERTIFICATION OF DODUMENTS \$30.00 – if any documents need to be certified you must contact the Registrar's Office to complete the process & set up an appointment, either by phone 816-415-5979 or email: theregistrar@william.jewell.edu after submitting this form.

Transcript Order: \$10.00 ea TOTAL NUMBER OF TRANSCRIPTS: OFFICIAL (officially sealed envelope) UNOFFICIAL

PICK UP in person at Registrar's Window (Must designate in writing if another person is authorized to pick up.)

MAIL to SELF at above address

MAIL to: (Name of Institution, Company, Agency, Etc.) (Name of Person, Department, Office, Etc.)
(Street Address or P. O. Box) (City) (State) (Zip)

Check if: Additional recipients listed on reverse side of this form. Additional recipients listed on attached separate sheet.

FAX to: Attention: (not official)

EMAIL to: (not official)

Total Paid: \$ Method: Credit / Debit Card (Online In Person) | Cash | Check # | Money Order #

(YOUR SIGNATURE — REQUIRED BY LAW) (DATE) (It is against the law to order transcripts for anyone other than yourself.)

FOR OFFICE USE ONLY:

PAYMENT METHOD: Credit / Debit Card / App. Code | Cash | Check #

TOTAL \$

DATE RECEIVED

DATE PROCESSED

BY