

REQUEST FOR TRANSCRIPT

Fax: 608-265-3163
or
Mail: UW-Extension
ATTN: Student Records
702 Langdon St.
Madison WI 53706

I am requesting that a transcript of my cumulative record be sent. My information is printed below.

Name: _____

Address: _____

Phone: _____

Email: _____

Date of Birth: _____

Signature: _____ Date _____

Please send the transcript to: (check one)

School for Workers Address above
Attn: Certificates
610 Langdon St., Rm. 422
Madison, WI 53703

Payment information:

\$5 transcript fee will be charged by Student Records

Please charge my credit card:

Credit card type: _____ Expiration: ____/____

Card Number: _____

Card holder name: _____

I will phone my credit card information to Student Records 608-262-1953

I have enclosed a check payable to *UW-Extension* for \$5.00.

