

# WENTWORTH College

## Transcript Request Form

Please provide **all** the following information.

Date (mm/dd/yyyy): \_\_\_\_\_

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Previous Name(s): \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

Years Attended: \_\_\_\_\_

Campus: \_\_\_\_\_

Print the name and correct address(es) of person(s) or institution(s) to receive transcript. Attach additional addresses if necessary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

There is a \$3.00 fee per transcript sent

Method of Payment: \_\_\_\_\_ Cash \_\_\_\_\_ Check \_\_\_\_\_ Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ Discover

Account Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

I hereby authorize Wentworth College to forward my transcript to the address(es) noted above.

Signature of Student: \_\_\_\_\_  
(Request will not be processed unless signature is included.)

Please allow 3-5 days processing time. Student assumes full responsibility for furnishing complete addresses.  
NOTE: No transcript will be issued if financial obligation to the college has not been satisfied or if the student's file is not complete.

Please deliver this form to the Registrar's office or mail or fax it to:

Wentworth College Registrar Office  
1880 Washington Ave.  
Lexington, MO 64067  
Fax: 660-259-2677

