

TRANSCRIPT REQUEST FORM



**WESTWOOD
COLLEGE**

Please print clearly

Last Name _____ First Name _____

Student ID# _____ Name while attending _____

Address _____

City, State, Zip _____

Telephone# _____ Date of Birth _____

In accordance with the Family Educational Rights and Privacy Act (FERPA), we must have signature in order to release your transcripts.

Signature _____ **Date** _____

Dates attended (Term/Year) _____

Note: Allow 7 – 10 business days processing time for official transcripts after receipt of this form.

Would you like your transcripts:

Mailed (Please provide mailing address below)

To be picked up by student

Name of Institution _____

Department _____

Address _____

City, State, Zip _____ Number of Copies _____

NOTE: IT IS THE STUDENT'S RESPONSIBILITY TO FURNISH A CORRECT AND COMPLETE ADDRESS

PAYMENT - PERSONAL CHECKS ARE NOT ACCEPTED

There is a \$5.00 charge for each official transcript and \$2.00 for each additional copy (No charge for students who attended Texas campuses due to state regulations). The transcript fee must be paid before the transcript is issued. No transcript will be issued to any student whose financial obligations to Westwood College have not been satisfied. If mailing your request, please enclose money a money order made out to Westwood College for the appropriate amount. Credit card and cash payments can be used by visiting the business office at the appropriate campus.

Office Use Only

Cash – Amt: \$ _____

Money order # _____ Amt: \$ _____

Processed on: Date _____ Initials _____