

**Wilberforce University
Office of the Registrar
(937) 708-5736**

**Academic Transcript Request Form
Please print legibly.
Fill out one form for each delivery address**

Please fill request form out completely. Cost is \$5.00 per transcript. Mail signed request along with check/money order to Wilberforce University, Registrar’s Office, PO Box 1001, Wilberforce, Ohio 45384-1001. You may also fax your request to (937) 716-2305. Please contact the Bursar’s Office at 1-844-849-2404 and provide your credit card information for payment. Processing time is 2-3 days upon receipt of request in the office. Processing time may be extended 3-5 days during high peak periods (registration, graduation, etc.). Same day service is available for faxed or in-person requests at \$8.00, but not during high peak periods. Requests must be received in the office no later than 2:00pm, and will be mailed the same day the request and payment are received. No express mail, e-mail, or fax delivery service for transcripts is available.

Last Name:	
First Name:	
Middle Name:	
Maiden/Former Name:	
Date of Birth:	
Social Security/Student Number:	
Current Address:	
Mail To:	
Number of copies:	
Student Signature:	Date:
Daytime Phone:	
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