

Student Administrative Services Unofficial Transcript Request

Please print or type	Student ID/L	Student ID/Last 4 SSN:		
Student Name:				
		Middle		
Former Name(s):		Date of Birth:		
Current Address:	City			
Current email address:		Phone:		
GRADES AND DEGREES HAVE BEEN PO			L	
Call for Pick-up: ()		Fax: ()		
☐ Mail:	Atte	ention:		
	E	Email Address:		
delayed. PICTURE I.D. REQUIRED TO Please use a separate form for each tree. Requests will not be accepted from, or All transcript requests must have a please that by signing this authorization, I ame Educational Rights and Privacy Act (FERPA) only a includes, and is not limited to, non-directory inform	D PICK-UP TRANSCRIPTS. anscript request. released to, third parties withou physical signature. a waiving my rights of nondisc s to the person or entities spe ation such as grades and GP y parties other than intended	sclosure of these student records under the Family secifically listed herein. I understand that this release PA. I understand that my documents will be sent via I recipient. I will not hold Western International Univ	se mail,	
Signature:		Date:		
Please send by mail to:	Or se	send by fax or e-mail to:		
Registrar's Office Western International University	Fax:	:: 602.366.1457		
1601 W Fountainhead Parkway Tempe, AZ 85282	E-m	nail: inquiries@west.edu		

Unofficial Transcript Request 1 01/07/16