

**Student Administrative Services
Unofficial Transcript Request**

Please print or type

Student ID/Last 4 SSN: _____

Student Name: _____
Last First Middle

Former Name(s): _____ Date of Birth: _____

Current Address: _____
Street City State Zip

Current email address: _____ Phone: _____

ALL TRANSCRIPTS WILL BE SENT AS IS. IT IS THE STUDENTS' RESPONSIBILITY TO ENSURE THAT ALL GRADES AND DEGREES HAVE BEEN POSTED PRIOR TO SUBMITTING REQUEST.

PLEASE SELECT ONE OF THE FOLLOWING:

Call for Pick-up: (_____) _____

Fax: (_____) _____

Mail: _____

Attention: _____

Email Address: _____

- Allow a **minimum** of 24 business hours to process the Unofficial Transcript. Requests received during the beginning and end of the month may be delayed. **PICTURE I.D. REQUIRED TO PICK-UP TRANSCRIPTS.**
- Please use a separate form for each transcript request.
- Requests will not be accepted from, or released to, third parties without a FERPA Release Form.
- **All transcript requests must have a physical signature.**

I understand that by signing this authorization, I am waiving my rights of nondisclosure of these student records under the Family Educational Rights and Privacy Act (FERPA) only as to the person or entities specifically listed herein. I understand that this release includes, and is not limited to, non-directory information such as grades and GPA. I understand that my documents will be sent via mail or over an open fax line and may be viewed by parties other than intended recipient. I will not hold Western International University liable for faxing or mailing of my records. This release will be placed in my records and will be in effect until I notify Western International University, in writing of a change.

Signature: _____ Date: _____

Please send by mail to:

**Registrar's Office
Western International University
1601 W Fountainhead Parkway
Tempe, AZ 85282**

Or send by fax or e-mail to:

**Fax: 602.366.1457
E-mail: inquiries@west.edu**