Western State University, College of Law
Office of the Registrar
1111 N. State College Blvd., Fullerton, CA 92831
Student Service - Records Office (714) 459-1120
Fax Forms to: (714) 525-6721

Transcript request

Student's Name: _____ *Date:* _____

Student I.D. # _____ *Social Security#* _____

Birth date: _____ *Phone #* _____

If you studied under another name, please list: _____

PLEASE PRINT LEGIBLY AND INCLUDE ZIP CODE

Current Student ❑ ***Yes*** ❑ ***No, last attended WSU in*** _____

Request is for *(Check all that apply)*: ❑ ***Academic Transcript*** ❑ ***Class Ranking***
❑ ***Standing*** ***(academic standing is included on the transcript in most cases, please check if you need a separate letter)***

Send To: _____
_____
_____

❑ *Will Pick-up Transcript* *Number of transcripts:* ☐

Each transcript sent to a different address requires a new form.

❑ **REGULAR ORDER -** Transcript fee is $5.00 per copy payable at the time of request. Processing time is 3-5 working days.

❑ **"RUSH" ORDER -** "RUSH" fees is $15.00; available within 24 hours of the date requested. (24 Hr. not applicable on Friday orders)

All **HOLDS** must be cleared before a transcript request can be processed. WSU does not provide **"unofficial"** transcripts.

Signature: _____ ***Date*** _____

Payment method: ❑ Cash (enclosed) ❑ check (enclosed)
❑ MasterCard ❑ Visa ❑ Discover ❑ AMEX

Cardholder's Name _____ (*Exactly as it appears on the card)*

Account number _____ Exp. Date _____VISA/AMEX Verif. Code _____
(VISA code is on back of card, AMEX on front)

Billing Street Address_____ Billing Zip Code_____

Signature of cardholder _____ **Date** _____

OFFICE USE ONLY: ***Paid $_____ Processed by:_____ Date Mailed:*** _____