WESTERN NEW ENGLAND UNIVERSITY WNE

Transcript Request Form

Student Administrative Services (SAS) Office
Office # (413) 796-2080
FAX # (413) 796-2081
Western New England University
1215 Wilbraham Road
Springfield, MA 01119

Please complete this request form by legibly printing in the appropriate spaces. A transcript is the official record of all coursework, grades and degrees conferred at Western New England University. Academic transcripts are ordered through the Student Administrative Services Office (SAS). There is no charge for the transcript service. Transcript requests can also be filed through the Academic Support Center, which is particularly useful when considering transferring. Federal law requires that we receive the student's written signature on all transcript requests, which further acknowledges that resulting information may be shared with the Academic Support Center.

We are unable to accept transcript requests over the telephone or by email. Transcripts will not be issued to students with outstanding financial obligations to the University.

For security reasons, transcripts cannot be faxed from the SAS office. Requests can be submitted in person, by mail or by faxing SAS at **(413) 796-2081**.

Please note: if you are an undergraduate student and are sending out a transcript in order to transfer to another institution, you need to go to the Academic Support Office in the Campus Center to fill out the request form.

Requestor's Signature_____ Date_____

Social Security Number: X X X - X X - ___ ___ ___ ___ Birth Date: ___ ___ / ___ ___ /___ ___ ___ ___ ** Required*

Name _____

Any other Name(s) used while attending WNE? _____

Address_____ City _____ State _____ Zip _____

Telephone Number _____

Semester _____ and Year ____ that you last attended Western New England University. Degree(s)/Date(s) received

_____

Currently attending Western New England University? ☐ Yes ☐ No

If currently enrolled, do you want this request held until the end of the semester - after final grades are posted? ☐ Yes ☐ No

If currently enrolled, do you want this request held until the end of the semester - after degree is posted? ☐ Yes ☐ No

Purpose for Requesting Transcript: (check more than one if appropriate)

☐ Considering Transfer ☐ Graduate or Professional School

☐ Summer School Enrollment ☐ Grants and Scholarships

☐ Employment ☐ Study Abroad

☐ Other _____

Total number of copies to be sent: _____ Number to each recipient: _____

Are there any additional requests? ☐ Yes ☐ No (Additional addresses may be listed on another sheet and attached to this request.)

SEND TRANSCRIPT TO:

Name_____

Address_____ City _____ State _____ Zip _____

SAS Office use only: WNE Transcript Was: Mailed/Given to Student Academic Support Center Notified: ☐ Yes ☐ No ☐ N.A.

Mailed Out On (Date):_____ By (Initials):_____

Form Updated September 1, 2011