

Ohio Wesleyan University

Official Transcript Request

Please Type or Print Legibly
Your Name and Address:

()

Last First Middle Former Name

Street Address

City State Zip Code

() -

Daytime Phone Number Student ID Number / Social Security Number

Last Year Attended

Mail To: Number of Transcripts _____

City State Zip Code

Country

Mail To: Number of Transcripts _____

City State Zip Code

Country

Transcript requests may be mailed or faxed to:
Office of the Registrar
Ohio Wesleyan University
61 South Sandusky Street
Delaware, OH 43015

(Fax) 740-368-3210

Please note that the Registrar's Office does **not** fax transcripts to other locations. Unofficial copies of transcripts are not available for graduates and former students of Ohio Wesleyan University.

Signature Date

Please check all that apply:

- SEND** **PICKUP**
 Attach form that is provided

Hold transcripts until:

- Degree is posted
 Current grades are posted
 Other _____

Cost per transcript:

First request ever is free.
\$3.00 per transcript
(If you are faxing this request
a bill will be mailed to you.)
Please remit with **check, money-
order or cash payable to Ohio
Wesleyan University.**

**Please allow 5 business days to
to process the transcripts. (This
may vary depending on the time
of year.)**