

TRANSCRIPT REQUEST FORM

William Penn University

ALLOW 3-5 BUSINESS DAYS FOR PROCESSING

\$10.00 for each transcript ordered

To pay with debit/credit card call 641-673-1086

Transcripts will NOT be released with unsettled accounts – including Assigned Perkins loans.

Please send your Transcript Request to one of the following:

Mailing Address

Office of the Registrar
201 Trueblood Avenue
Oskaloosa, IA 52577

Fax

641-673-1390

Email Address

registrar@wmpenn.edu

STUDENT INFORMATION

Name _____ Maiden/Former Name _____

Address _____

Phone Number _____ Birthdate _____

WPU Student ID _____ Social Security Number _____

SIGNATURE

Name _____ **Date** _____

TRANSCRIPT INFORMATION

Number of transcripts requested _____

Current Student _____

Former Student _____

Fax or email _____

Dual Credit Student _____

WPU Graduation Date _____

Send ASAP _____

Send After current term _____

Send after degree is posted _____

DESTINATION (MUST be a complete physical address.)

_____ Check here if you would like your transcript(s) to go to the address listed above.

1. Name of Institution/Business _____

Address _____ Zip Code _____

2. Name of Institution/Business _____

Address _____ Zip Code _____