

TRANSCRIPT REQUEST FORM

ALLOW 3-5 BUSINESS DAYS FOR PROCESSING

William Penn University

\$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 _____ City, State, Zip _____

Phone Number _____ Birthdate _____ E-mail _____

WPU Student ID _____ Social Security Number _____

STUDENT'S SIGNATURE *(must be the student's)*

Name _____ **Date** _____

TRANSCRIPT INFORMATION

Number of transcripts requested _____

Fax or email _____

WPU Graduation Date _____

Current Student _____

Former Student _____

Dual Credit Student _____

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 your address listed above.

1. Name of Institution/Business _____ Attn: _____

Address _____

City, State, Zip Code _____

2. Name of Institution/Business _____ Attn: _____

Address _____

City, State, Zip Code _____