

**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 \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Birthdate \_\_\_\_\_ E-mail \_\_\_\_\_

WPU Student ID \_\_\_\_\_ Social Security Number (last 4) XXX-XX-\_\_\_\_

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

**Name** \_\_\_\_\_ **Date** \_\_\_\_\_

**TRANSCRIPT INFORMATION**

Number of transcripts requested \_\_\_\_\_

Current Student \_\_\_\_\_

Fax or email \_\_\_\_\_

Former Student \_\_\_\_\_

WPU Graduation Date \_\_\_\_\_

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 \_\_\_\_\_