Transcript Request

Please fill out form, print, sign, and mail, e-mail or fax to:

University of Wyoming Office of the Registrar
Dept. 3964, 1000 E. University Ave., Laramie, WY 82071
Phone: (307)766-5272; Fax: (307)766-3960
E-mail: rr-transcript@uwyo.edu

| Date | Number of Copies Requested- Limit 5 (per day) |
|--|--|
| Name of Student | "W" ID or SSN |
| Date of Birth | Name(s) Attended Under if Different Than Above |
| Email Address | Phone # |
| Please note:Use a separate form formAll items on this form | Transcript cannot be sent or released without student's signature or each addressee must be completed for processing to the University of Wyoming must be satisfied before transcripts can be released |
| Select an Option: | |
| ☐ Will pick up in pe | erson (generally available 1-2 business days after request is received — no charge) |
| ☐ Same-Day Servi | ce – Limit 2 (\$10.00 charge – pick-up only) |
| ☐ E-mail Service – | Limit 1 (generally sent within 1-2 business days - no charge) |
| ATTN: (Who will thi | s be sent to?) |
| PLEASE PI | RINT CLEARLY |
| Recipient's | E-mail Address: |
| Verify E-ma | |
| ☐ Send Transcript ATTN: | to (use a complete address; generally mailed within 1-2 business days - no charge): |
| | date of enrollment (semester/year) |
| If Outreach/correspondence | e, list last course number and date |
| Please check if applicabl ☐ Seal with Registrar's sta | |

Please allow additional time for processing during busy times of the year, such as at the end of a semester.