Wayland Baptist University
1900 W. Seventh St., CMB 735
Plainview, TX 79072-6998

TRANSCRIPT REQUEST FORM

Date Requested_____

PLEASE PRINT OR TYPE CLEARLY & COMPLETELY

Date Received in Registrar's Office_____

Social Security#	Birth Date
Last Name First MI Maiden Name	
Present Mailing Address	
City, State, Zip	
Home Phone	Business Phone
E-mail Address	
__ **Total # of Transcripts=** ☐ **In sealed envelope** ☐ **Issued to Student**	
PLEASE SEND TO:	
College or Employer	
Attention of	
Mailing Address	
City, State, Zip	
SIGNATURE	
The above portion **must** be signed by the student. The form will **not** be accepted if only credit card portion is signed below	

Fill In Or Mark Appropriate Blank

First semester attended_____Year_____
Last semester attended_____Year_____
Degree Earned?Y☐N☐What Deg_____Year_____
____Hold for assessed credit
____Hold for grades: ***Plainview or External Campus***
____Hold for degree posting: ***Plainview or External***
____Send upon receipt

FOR WAYLAND OFFICE USE ONLY

Business Office_____Y__N__
Intitial Date

Registrar's Office_____Y__N__
Intitial Date

REQUEST DENIED BECAUSE:
__Account Not Cleared in Business Office
__Student Loan Repayment Not Current
__Admissions Process Not Completed

If denied, re-submit request to: Wayland Baptist University
Office of the University Registrar
1900 W. Seventh St., CMB 735
Plainview, TX. 79072-6998
Fax: (806)291-1960

Charge for Transcript: **$5.00 per copy**

Revised 4/24/2009

CREDIT CARD INFORMATION

Credit Card Number: _____

Expiration Date: _____

Card Holders Name: _____

Card Holders Signature: _____

Amount Authorized to be Charged: _____

Once you have completed the above form with signatures and payment information, you can fax this to (806)291-1960. If any of the above information is not legible or is not received in its entirety (smudges, lines, ink breaks, etc.), your transcript request will not be processed.