



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

# TRANSCRIPT REQUEST FORM

Date Requested \_\_\_\_\_

Date Received in Registrar's Office \_\_\_\_\_

**PLEASE PRINT OR TYPE CLEARLY & COMPLETELY**

Social Security # _____		Birth date _____	
Last Name _____	First _____	MI _____	Maiden Name _____
Present Mailing Address _____			
City, State, Zip _____			
Home Phone _____		Bus. Phone _____	
e-mail address: _____			
___ Total Number of transcripts = ___ In sealed envelope ___ Issued to Student			
<b>Please send to:</b>			
College or Employer _____			
Attention of: _____			
Mailing Address _____			
City, State, Zip _____			
<b>Signature:</b> _____			
<small>The above portion <b>must</b> be signed by the student. The form will <b>not</b> be accepted if only credit card portion is signed below.</small>			

**Fill In Or Mark Appropriate Blank**

First semester attended \_\_\_\_\_ Year \_\_\_\_\_

Last semester attended \_\_\_\_\_ Year \_\_\_\_\_

Degree Earned? Y\_\_ N\_\_ What Degree \_\_\_\_\_ Year \_\_\_\_\_

\_\_\_ Hold for assessed credit

\_\_\_ Hold for grades: Plainview or External Campus

\_\_\_ Hold for degree posting: Plainview or External Campus

\_\_\_ Send upon receipt.

**FOR WAYLAND OFFICE USE ONLY**

Business Office \_\_\_\_\_ Y\_\_ N\_\_

Initial \_\_\_\_\_ Date \_\_\_\_\_

Registrar's Office \_\_\_\_\_ Y\_\_ N\_\_

Initial \_\_\_\_\_ 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**

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**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.