

## TRANSCRIPT REQUEST FORM

**\*Note: We do not provide copies of UWM Transcripts. For UWM Transcripts, contact the Dept. of Enrollment Services at 414 229-3800**

*Complete and Mail to:*  
**UWM Libraries**  
**Archives**  
**P.O. Box 604**  
**Milwaukee, WI 53201-0604**

Today's Date \_\_\_\_\_

**STUDENT'S SIGNATURE REQUIRED** \_\_\_\_\_

**PLEASE PRINT CLEARLY**

### STUDENT/SCHOOL INFORMATION

<b>Identification Information</b>	<b>Date of Birth</b>	
<b>Name</b>	<b>Last/First/Middle Initial/Maiden/Previous</b>	
<b>Current Address</b>	<b>Street Address/City/State/Zip</b>	
<b>Contact Information</b>	<b>E-Mail Address</b>	<b>Day Time Phone Number</b>
<b>School Attended</b>	<b>Name of School</b>	
<b>Date of Enrollment</b> <b>Mo./Yr.</b>	<b>First Enrolled-Last Enrolled</b>	<b>Degree(s) Received and Year</b>

### TRANSCRIPT INFORMATION

<b>Number of Transcripts</b>	_____ <b>Copies</b>	<b>Do you wish to have transcript(s) sent to the above address?</b> Y      N
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I \_\_\_\_\_ request transcript(s) to be mailed to the following location(s):

#### MAIL TRANSCRIPTS TO:



**You will be invoiced under separate cover.** Normal processing time is two weeks from when the request is received.

<b>UWM ARCHIVES USE ONLY</b>		
Date Received _____	Date Mailed _____	By _____

