

WINTHROP UNIVERSITY TRANSCRIPT REQUEST

Student Name and Current Address

SSN or 8-digit Campus ID Number: _____

Date of Birth: _____

Name as it appears on Winthrop records (if different):

Did you attend Winthrop before Fall 1985? _____

If not currently enrolled, date of last attendance: _____

Phone Number: _____

E-Mail Address: _____

NOTE: During the peak times of Registration and Grading, transcripts may not be processed on a daily basis. Please allow ample time to process your request.

Transcripts will not be furnished for persons whose financial obligations to the University have not been satisfied.

Transcripts are available at no cost unless **one or more** of the following applies: **1.** Same day request (\$10); **2.** overnight express (Fed-Ex or UPS Next-Day charges, usually \$15-\$20); **3.** FAX (\$5).

PROCESSING TYPE (Check one)

- Transcript to be mailed next business day (**NO CHARGE**).
- Transcript to be mailed same day (**\$10 payment required. Available only before 1:00 PM-- See check/credit card information below.**)
- Transcript to be mailed at the end of the current semester (no charge).
- Transcript to be mailed at the end of the current summer session (no charge). Specify session: _____
- Transcript to be faxed next business day. (**\$5 payment required. See check/credit card information below.**)
- Transcript to be faxed same day. (**\$15 payment required. See check/credit card information below.**)
- Transcript to be overnighted. (**\$10 + carrier charges-Payment required. See check/credit card information below.**)
- Transcript to be picked up by student next business day (no charge). **Photo ID required.**
- Transcript to be picked up by student on same day. (**\$10 payment required: Cash, check, or credit card.**) **Photo ID required.**

Payment enclosed: _____ Check _____ Credit Card

Credit Card # _____ Expiration Date _____

Check one: American Express Discover MasterCard VISA

Student Signature: _____ **Date:** _____

(REQUIRED--Transcript will not be released without the student's signature.)

TOTAL NUMBER OF TRANSCRIPTS REQUESTED: _____

Name(s) and Address(es) to which transcript is to be sent. If more than 4 requests are being made, use additional sheet. PO Boxes may not be used for overnight delivery.

**Return completed form to: Winthrop University, Office of Records and Registration, 126 Tillman Hall,
Rock Hill, SC 29733; Fax: 803-323-4600**

Form may be scanned and emailed to: Recandreg@winthrop.edu.