

# 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.**

**PROCESSING TYPE (Check one)**

- Transcript to be mailed next business day - **NO CHARGE.**
- Transcript to be picked up by student next business day - **NO CHARGE. Photo ID required for pick up.**
- Transcript to be mailed at the end of the current semester or summer session - **NO CHARGE.**
- Transcript to be mailed same day - **Available only before 10:30 AM. \$10 payment required.\***
- Transcript to be faxed next business day - **\$5 payment required.\***
- Transcript to be faxed same day - **Available only before 3:30 PM. \$15 payment required.\***
- Transcript to be overnighted - **Available only before 3:30 PM. Requests received after 3:30 PM will be sent via FedEx on the next business day. Payment required: \$20 domestic/\$50 international\***
- Transcript to be picked up by student on same day - **\$10 payment required.\* Photo ID required for pick up.**

\***Payment information:** For transcript requests with a fee, please go to [www.winthrop.edu/marketplacemall](http://www.winthrop.edu/marketplacemall) and select Transcripts/Diplomas, then Transcripts and the appropriate transcript type. Your request will not be processed until you complete your payment. If you submit a request for no charge, you do not need to go to the Marketplace to pay. We will process your request when we receive this form signed.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(*REQUIRED--Transcript will not be released without the student's signature.*)

**TOTAL NUMBER OF TRANSCRIPTS REQUESTED:**   1  

Please fill in the boxes below with the names and addresses/fax numbers where you would like the transcripts sent. If you are requesting that transcripts go to more than 4 locations, please use an additional sheet. **PO Boxes may not be used for overnight delivery.**

Joanna Harris
Student Academic Services
144 Withers




**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: [transcriptrequests@winthrop.edu](mailto:transcriptrequests@winthrop.edu)**