

WINTHROP UNIVERSITY TRANSCRIPT REQUEST

Student Name and Current Address

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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 - **\$10.**
- Transcript to be picked up by student next business day - **\$10. Photo ID required for pick up.**
- Transcript to be mailed at the end of the current semester or summer session - **\$10.**
- Transcript to be mailed same day - **Available only before 10:30 AM. \$20 payment required.***
- Transcript to be faxed next business day - **\$15 payment required.***
- Transcript to be faxed same day - **Available only before 3:30 PM. \$25 payment required.***
- Transcript to be expedited via FedEx (overnight shipping where available) - **Available only before 3:30 PM. Requests received after 3:30 PM will be sent via FedEx on the next business day. Payment required: \$30 domestic/\$60 international***
- Transcript to be picked up by student on same day - **\$20 payment required.* Photo ID required for pick up.**

***Payment information:** For transcript requests with a fee, please go to 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: _____

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.**

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**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