

# Transcript Request Form

## Check Program

- Individual ACCESS Courses
- Associate of Arts
- Bachelor of Science
- Bachelor of Social Work
- Master of Business Administration

## Check Location

- Columbia
- Fulton
- Jefferson City
- Other (please specify)  
\_\_\_\_\_

## To the Applicant

Please provide the information requested below and send this form (**or copies**) to all colleges and universities attended. **Transcripts issued to students or faxed copies of transcripts - other than from institutions belonging to the Missouri Association of College Registrar and Admissions Officers (MACRAO) – are not considered official.** Please be aware that most colleges and universities charge a fee for transcripts. To avoid any delays, please call to determine the fee before mailing request.

Applicant's Name: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

Name during enrollment, if different from above: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

College or University: \_\_\_\_\_

Date of Enrollment: \_\_\_\_\_ Degree and Year: \_\_\_\_\_

I hereby authorize the release of one transcript to William Woods University's Graduate & Adult Studies program.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## To the school processing the request

The person named above is making application to William Woods University's Graduate & Adult Studies program and requests that one transcript be released to the university. **Please enclose this form**, together with one copy of the official transcript, and mail to **William Woods University, Graduate & Adult Studies, One University Avenue, Fulton, MO 65251**

Signature of school official filling request: \_\_\_\_\_ Date: \_\_\_\_\_

**William Woods University**  
**Graduate & Adult Studies Program**  
**One University Avenue, Fulton, Missouri 65251**  
**Phone (573) 592-1185 or (800) 995-3199 Fax (573) 592-1164**  
**[www.williamwoods.edu/evening](http://www.williamwoods.edu/evening)**