



Office of Student Records
 1201 Wesleyan Street
 Fort Worth, TX 76105
 (817) 531-7538
 (817) 531-4464 (Fax)

Official Transcript Request Form

Official transcripts are \$5.
 Transcripts normally require 3-5 Business Days to process.

Official transcripts will not be issued unless all outstanding holds with the University have been satisfied and transcript processing will not begin until receipt of payment and request form have been received by the Transcript Office.

Student Name (please print): _____
First Middle Last

Current Address _____

Signature (required by Federal Law): _____ Date: _____

Other names used while attending Texas Wesleyan: _____

SSN or Student ID#: _____ Date of Birth: _____ Phone Number: _____

First year of attendance: _____ Last year of Attendance: _____ Degree received, if any: **Bachelors** **Masters**
Certification Only

Processing Options

Please check only ONE box:

- Normal 3-5 Business Day Processing (no additional charge)
- Same-Day Processing (\$15 charge per request)
- Hold until _____ semester grades are posted (2 to 3 weeks after semester ends)
- Hold until Degree is posted (2 to 3 weeks after Graduation)

Shipping Options

Please check only ONE box:

- USPS Mail (no additional charge)
- Hold for pick-up; # of copies _____
- USPS Express Mail (\$16 charge per address)

| Office Use Only |
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| <p style="text-align: center;">Transcript was not processed because:</p> <p><input type="checkbox"/> Transcript Payment</p> <p><input type="checkbox"/> Cashier's Hold</p> <p><input type="checkbox"/> Library Hold</p> <p><input type="checkbox"/> Other _____</p> <p>Faxed/Mailed/Picked up date: _____</p> <p>Processed by: _____ Date: _____</p> |

Please print clearly. Texas Wesleyan is not responsible for incorrect or illegible addresses.

Mail To: _____ # of copies _____

Mail To: _____ # of copies _____

Payment Information

Student Name: _____

Student SSN or ID#: _____

Please check only ONE box:

CHECKS NOT ACCEPTED

- Money order enclosed.
- Charge my credit card.

Name on Card _____

Street Address _____

Credit Card # _____

Exp Date _____ Billing Zip _____

Circle one: VISA MASTERCARD DISCOVER AMEX

***If mailing request, please make the money order payable to Texas Wesleyan University.**

***If faxing request, please include payment information or pay online at <https://www.factstuition.com/ecashier/Index?OpenForm&query=txwesfull>**

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| <p>Total # transcripts requested (____ @ \$5 each) _____</p> <p>Add Same-Day Processing <i>if applicable</i> (\$15) _____</p> <p>Add USPS Express Mail <i>if applicable</i> (\$16) _____</p> <p style="text-align: center;">TOTAL PAYMENT REQUIRED \$ _____</p> |
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