

WAGNER COLLEGE

Office of the Registrar
One Campus Road, Staten Island, NY 10301
Phone: 718-390-3173 FAX: 718-390-3344

TRANSCRIPT REQUEST

Fee: \$5.00 each (Official) # requested _____

Student ID # _____ Birth Date _____

Undergraduate Transcript _____
Dates Enrolled - From _____
To _____
Degree Awarded on _____

Social Security Number _____ - _____ - _____

Graduate Transcript _____
Dates Enrolled - From _____
To _____
Degree Awarded on _____

Name while in attendance _____

PLEASE PRINT YOUR NAME and CURRENT ADDRESS BELOW:

When do you want your transcript sent?
(Please allow up to 5 Business Days to process)
Now _____
Hold for final grades _____
Hold for Degree award _____

(last name) (first name) (middle initial)

(street)

(city) (state) (zip code)
(_____) _____
(area code) (telephone number)

Reason for Request:

Signature (required) Date

PLEASE NOTE: If you are thinking of leaving Wagner before completing your degree, you must *officially withdraw* from the College through the ACADEMIC ADVISEMENT CENTER in the Union. This must be done in order to guarantee that your financial and academic records are in order.

SEND TRANSCRIPT TO: (Please PRINT clearly for direct mailing)

For office use only:
Date Received _____
Date Sent _____
Receipt Sent _____
Initial _____
Amount Rec'd _____

To accommodate window envelope, Please do not write below this line.

FOR CREDIT CARD USERS:

LAST NAME ON THE CREDIT CARD _____

CREDIT CARD NUMBER _____

EXPIRATION DATE _____

Please circle type of card: VISA MASTERCARD AMERICAN EXPRESS DISCOVER

Debit Cards Are Not Accepted

First name
Last name