

# WEIMAR INSTITUTE

**Registrar's Office**  
20601 West Paoli Lane  
P.O. Box 486  
Weimar, CA 95736  
Phone: 530.422.7923  
Fax: 530.422.7949

## Transcript Request Form

Date: \_\_\_\_\_

Full Name: \_\_\_\_\_  
Last First Middle Maiden

Current Address: \_\_\_\_\_ Email Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone #: \_\_\_\_\_  
\_\_\_\_\_  
Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Signature: \_\_\_\_\_ If alumni, did you complete a degree? **Yes No**

If current student, please indicate release preference:

**Regular processing**                      **After current term grades are posted**                      **After degree is posted**

Regular processing time is 3-5 business days. For 24-hour processing, an extra \$10.00 fee applies.

### Important Notes:

- ◆ We cannot release your transcripts if your school bill is not completely paid.
- ◆ For domestic transcript, there is a \$10.00 charge per transcript.
- ◆ For international transcript requests, there is a \$15.00 charge per transcript.
- ◆ For requested shipping options besides regular mail, we will notify you of additional charges.
- ◆ If credit card is the method of payment, we will contact you by phone to receive credit card information.

Method of Payment: **Cash** (Please do not send cash if mailing)    **Check**    **Credit Card**    **Money Order**

### MAILING REQUEST

Number of copies \_\_\_\_\_  
Check option: **Official**    **Unofficial**

Attn: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### PICK UP REQUEST (Photo ID required)

Number of copies \_\_\_\_\_  
Check option: **Official**    **Unofficial**

### FAX REQUEST

Number of copies \_\_\_\_\_  
**(Unofficial Only)**  
Fax to the attention of: \_\_\_\_\_  
\_\_\_\_\_  
Fax # \_\_\_\_\_  
Country \_\_\_\_\_

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**Office Use Only**    Received \_\_\_\_\_    Financially Clear \_\_\_\_\_    Sent \_\_\_\_\_