

# WEIMAR INSTITUTE

**Registrar's Office**  
P.O. Box 486  
20601 West Paoli Lane  
Weimar, CA 95736  
Phone: (530) 422-7926  
Fax: (530) 422-7949

## Transcript Request Form

*\*We cannot release your official transcript(s) if your school bill is not paid off.*

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

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

Current Address: \_\_\_\_\_ Email Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone #: (\_\_\_\_) \_\_\_\_-\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

**Status:**  **Alumni** (Date Last Attended: \_\_\_/\_\_\_/\_\_\_)  **Former Student** (Date Last Attended: \_\_\_/\_\_\_/\_\_\_)  **Current Student**

**Delivery Method** (\*It will take 1-2 business days until a transcript becomes available for delivery.)

<input type="checkbox"/> <b>MAILING OPTION</b> Number of Copies _____ Type Option: <input type="checkbox"/> <b>Official</b> <input type="checkbox"/> <b>Unofficial</b>  Attn: _____ Address: _____ _____ _____  <b>Delivery Time:</b> See the chart below ↓ <b>Processing Fee:</b> See the chart below ↓	<input type="checkbox"/> <b>PICK-UP OPTION</b> Number of Copies _____ <b>(Official Only)</b> <b>Processing Fee:</b> \$10.00 x ____ = \$_____  <input type="checkbox"/> <b>EMAIL OPTION (Unofficial Only)</b> Attn: _____ Email: _____ <b>Processing Fee:</b> No Charge  <input type="checkbox"/> <b>FAX OPTION (Unofficial Only)</b> Fax #: (____) ____-____ Country: _____ <b>Processing Fee:</b> No Charge
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**Shipping Method** (\*This is for the mailing option only.)

	Shipping Options	Processing Time	Delivery Time	Processing Fee
<input type="checkbox"/>	Regular Shipping (Domestic)	1-2 Business Days	1-3 Business Days	\$10.00 x ____ = \$____
<input type="checkbox"/>	Regular Shipping (International)		Varies by Destination	\$10.00 x ____ = \$____
<input type="checkbox"/>	Express Shipping (Domestic)	Within 24 hours	1-2 Business Days	\$30.00 x ____ = \$____
<input type="checkbox"/>	Express Shipping (International)		1-3 Business Days	\$100.00 x ____ = \$____

**Payment Method:**  **Cash** (\*Please do not send it by mail.)  **Check**  
 **Credit Card** (\*Please call us at **(530) 422-7926** to provide your card info.)

<b>Total Charge:</b> \$ _____
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**Office Use Only** Date Received: \_\_\_/\_\_\_/\_\_\_ Financially Clear: \_\_\_/\_\_\_/\_\_\_ Date Paid: \_\_\_/\_\_\_/\_\_\_  
Date Sent: \_\_\_/\_\_\_/\_\_\_ Notes: \_\_\_\_\_ Electronic Record