



Transcript Request

TO: Office of the Registrar: _____
(name of school)

I hereby give consent to release my transcript to Webster University.

I was enrolled from _____ to _____ .

Signature of Student Social Security Number or Student Number

Student Name (Print) Address

Former Name City/State/ZIP

Please send an official transcript to:

Webster University
Louisville Metropolitan Campus
1031 Zorn Avenue, Suite 200
Louisville, KY 40207

Notice:

To assist you in requesting your transcript(s), please mail this form to the school where you obtained your undergraduate degree, as well as to each school where you have completed graduate-level study, and include any fees required to process these requests. Using this form will assure that your transcript will arrive at the proper department at Webster University.

Failure to furnish Webster University with an official transcript by the end of the first term after initial registration will cause a hold on your student record prohibiting future enrollment. Transcripts issued to students are not considered official transcripts for admission purposes.