



Official Transcript Request Form

Registrar's Office Phone Numbers:
715-425-3231
715/425-3342

Please mail requests to:

UW-River Falls Registrar's Office
410 South 3rd Street, 105 North Hall
River Falls, WI 54022

The Official Transcript Fee is \$7.00 per copy.

Name: _____
Last First MI Previous Name(s)

Falcon ID: W _____ or Birth date _____

Student's Address: _____ Daytime Phone Number: _____
_____ E-Mail: _____

Dates of Attendance at UW-River Falls: _____ to _____

Have you earned a degree from UW-River Falls? Yes No If yes, Undergraduate Graduate

Transcripts should be processed:

- Now (Although grades may be missing if currently enrolled or incompletes remain)
- Hold until incomplete has been removed in course(s):
- Hold for present grades: Fall J-Term Spring Summer
- Hold for degree conferral: Fall J-Term Spring Summer

If transcripts are being sent to you, should they be in separately sealed & stamped envelopes? (Some institutions require transcripts coming from students to be signed over the seal of the envelope for security reasons.) Yes No

Address where transcript is to be mailed: (please use complete address)

Company/School _____

ATTN: (Name/Office) _____

Address: _____

City, State, Zip _____

Number of transcripts to this address: _____

The Family Education Rights & Privacy Act of 1974 (FERPA) requires student's signature for release of transcript.

Student's Signature

Date

For Office Use Only:

Date transcript mailed:

Amount Paid: _____

Cash or Check# _____

Receipt # _____

If more than one address, please write on the back and check here:

Please note: Transcripts will not be released if overdue obligations to the university have not been satisfied.

Additional Mailing Addresses as Needed

The Official Transcript Fee is \$7.00 per copy.

Address where transcript is to be mailed:

Name: _____

Address: _____

City/State/Zip: _____

Number of transcripts sent to this address: ____

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Address where transcript is to be mailed:

Name: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Number of transcripts sent to this address: \_\_\_\_

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Address where transcript is to be mailed:

Name: _____

Address: _____

City/State/Zip: _____

Number of transcripts sent to this address: ____

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Address where transcript is to be mailed:

Name: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Number of transcripts sent to this address: \_\_\_\_

The Family Education Rights & Privacy Act of 1974 (FERPA) requires student's signature for release of transcript.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date