

Email requests to: amcmahon@wmcarey.edu or regoff@wmcarey.edu

WILLIAM CAREY UNIVERSITY
OFFICE OF THE REGISTRAR
710 William Carey Parkway; WCU Box 4
Hattiesburg, MS 39401
Phone (601) 318-6195

REQUEST FOR A TRANSCRIPT

(Please print all information.)

Date: _____ SSN # or Student ID (Preferred) _____

Please give full name when you attended William Carey:

First Name Middle Maiden Last

I request that _____ copy(ies) of my transcript be sent to:

Destination: (Give full name and address below. Be as specific as possible for offices, etc.)

Dates of attendance at William Carey: _____ to _____

Degree and date awarded _____ Date of Birth _____

Check one or more of the following which apply:

- _____ Self/ Picked Up
- _____ To be mailed
- _____ Send transcript now.
- _____ Send transcript when grades are posted at the end of the trimester.
- _____ Send transcript when completion statement is posted.
- _____ Send transcript after degree has been posted.
- _____ Send transcript by eSCRIP-SAFE to other colleges/universities in eSCRIP network (if not in network, it will be mailed to address above....most major institutions are in the network.)

Provide your e-mail address for delivery confirmation from eSCRIP-SAFE _____

Signature: _____ Print Name: _____

Address/Street and Number: _____

City State Zip

E-Mail Address: _____

Cell Phone _____ Land Phone _____

*Method of Payment:

Enclosed check/money order in the amount of \$ _____

Charge to _____
*Credit Card Company Card Number Expiration Date

Transcript Fees:
\$5.00 per copy regular/eScrip
American Express Not Accepted

**Please allow 24-48 hours
processing time upon receipt of
request.**