



Please check all applicable boxes  
**Transcript  
Verification of Enrollment  
Certificate of Graduation**

**Instructions:** Please complete this form and remit to the Office of Admissions and Records along with the processing fee. Your signature and the completed form is an authorization to release an official copy of your transcript from Western Covenant University. Failure to complete this form in its entirety may delay processing of your request.

Name: \_\_\_\_\_  
Last First Initial Maiden

Program: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Daytime Telephone: (\_\_\_\_) \_\_\_\_\_ Evening Telephone: (\_\_\_\_) \_\_\_\_\_

Dates of Attendance: \_\_\_\_\_

I request my official records to be released to the following school/organization.

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

I authorize (write the name of person) \_\_\_\_\_ to pick up my records.

I will pick it up.

**Processing Fee**

Items	Number of copies	Fees per copy		Subtotal
Official Transcript		Regular	\$35.00	\$
		Rush*	\$45.00	\$
Verification of Enrollment		Regular	\$25.00	\$
		Rush*	\$35.00	\$
Certificate of Graduation		Regular	\$35.00	\$
		Rush*	\$45.00	\$
Delivery		Regular	\$8.00	\$
		Express**	\$25.00	\$
Total Amount Due				\$

Regular: within 7 business days, \*Rush: within 2 business days, \*\*Express: Overnight

**I hereby authorize an official copy of my school transcript to be released by Western Covenant University.**

\_\_\_\_\_  
Signature of Applicant Date: \_\_\_\_\_