



# Wayne State University School of Medicine Request for Official Transcript

School of Medicine

Last \* \_\_\_\_\_ Name \* \_\_\_\_\_ Middle or Maiden \_\_\_\_\_

Address 1 \* \_\_\_\_\_

City \* \_\_\_\_\_ State \* \_\_\_\_\_ Zip \* \_\_\_\_\_

Phone \* \_\_\_\_\_ Date of Birth \* \_\_\_\_\_ Class Of \* \_\_\_\_\_

Last WSU College Attended \* \_\_\_\_\_

WSU Banner ID \_\_\_\_\_ Undergraduate? \_\_\_\_\_ Number of Transcripts Desired \* \_\_\_\_\_

**IMPORTANT** - Check one of the following \*

- Send without holding
- Hold for this term's grades
- Hold until degree is posted to academic record
- Hold for reasons specified below
  - Hold for the following reason(s)

**NOTE: Incomplete or incorrect information may cause a delay in the handling of your transcript request.**

The official transcript is available to only those students in good standing with WSU. Past-due indebtedness will prevent the filling of your request for official transcript.

**Overnight Mail Requests.**

For a fee of \$20.00, payable by check money order, or cashier's check, you may request overnight delivery of an official transcript. This fee includes shipping it overnight to its destination via FedEx. A valid street address is required. FedEx does not deliver to P. O. Boxes. Orders must be received by 1 p.m. each business day to qualify for next business day delivery. This service is available only within the United States.

**Address to where transcripts are to be sent** (Include: Name, Address, City, State, Zip or Email)

Recipient 1 \* \_\_\_\_\_

Recipient 2 \_\_\_\_\_

Recipient 3 \_\_\_\_\_

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

**Office of Records and Registration**  
Mazurek Education Commons  
320 E. Canfield Ave., Suite 318  
Detroit, MI 48201

**Phone:** 313-577-1470  
**Fax:** 313-577-3434  
**Email:** records@med.wayne.edu

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