Wayne State University School of Medicine
Request for Official Transcript

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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