WISCONSIN INDIANHEAD TECHNICAL COLLEGE
TRANSCRIPT REQUEST FORM

Circle One *Undergraduate Credit Transcript* *Continuing Education (ACE/Hourly) Transcript*

_____ _____ _____
Date Social Security Number Student ID Number (if known)

Name: _____
Last First MI

_____
Name While Attending WITC (IF DIFFERENT FROM ABOVE)

_____ _____
Address City State ZIP

Telephone number (include area code)

Daytime:_____ Evening:_____

Number of copies requested: _____

Are you currently enrolled:
Yes No (Circle one)

Date last attended _____
(If not currently enrolled)

☐ I will pick up in person
☐ Mail to the address below
☐ Hold until degree is conferred; then mail
☐ Hold for current semester grades; then mail

Mail transcript to: (Please **PRINT PLAINLY**)

Name

Address

City State ZIP

NOTE: Use a separate request for each mailing address

Consent to release educational records:

_____
Signature Date

Please MAIL or FAX your completed form to the campus you attended and are requesting transcripts from.
NOTE: There is no charge for transcripts.

WITC Ashland
Transcript Request
2100 Beaser Avenue
Ashland WI 54806
Fax: 715.682.8040

WITC New Richmond
Transcript Request
1019 S. Knowles Ave
New Richmond WI 54017
Fax: 715.246.2777

WITC Rice Lake
Transcript Request
1900 College Drive
Rice Lake WI 54868
Fax: 715.234.5172

WITC Superior
Transcript Request
600 N. 21st Street
Superior WI 54880
Fax: 715.394.3771

WITC Administrative Office
Transcript Request
505 Pine Ridge Drive
Shell Lake WI 54871
Fax: 715.468.2819