



Transcript Request Form

Office of the Registrar
Roger Williams University
One Old Ferry Road, Bristol, RI 02809-2921
(401) 254-3510 Fax: (401) 254-3363

Clearly print all information except signature. Allow 5 work days for processing.

Name: _____

Address: _____

City/State/Zip: _____

Current Phone # () _____ RWU ID # or Social Security # _____

Name(s) You Attended Under: _____

I authorize the issuance of my transcript as indicated on this form.

Signature & Date: _____

- Send my transcript as soon as possible
- Hold my request for:
 - current term grades
 - degree or certificate posting
- Overnight delivery (additional charge). Cannot be delivered to a P.O. Box address.

Dates of Attendance at Roger Williams (approximate):

- Currently enrolled
- From _____ to _____

Did you graduate? _____ / What degree? _____

Specify number of copies to be sent to address below: _____

Send to: _____

Attention of: _____

Address: _____

City/State/Zip: _____

A fee of \$5 is charged for each copy of your transcript. Overnight delivery is available Mon.-Thurs. only for \$17 (which includes the transcript plus a \$12 delivery charge). In-person requests may be paid with cash, check (made out to Roger Williams University) or a credit card. Faxed requests must include a valid credit card number. All financial obligations must be met before transcripts are issued. RWU will not be responsible for undeliverable transcripts due to inaccurate address.

Date Received _____ Date Issued _____ Rev. 1-09

Specify number of copies to be sent to address below: _____

Send to: _____

Attention of: _____

Address: _____

City/State/Zip: _____

Credit Card– **VISA is not accepted**

Circle one: MasterCard AMEX Discover

Credit Card Number: _____

Expiration Date: _____ / _____ 3 or 4 digit Security Code _____