



This form may be faxed to: 1-307-855-2092
or mailed to: CWC Registration & Records
2660 Peck Ave, Riverton WY
82501

OFFICIAL TRANSCRIPT REQUEST

Please Print Legibly

Transcript of: Last Name First MI Former Name(s):

Student CWC ID Number: Birth Date: OR SOCIAL SECURITY NUMBER

Address: Current Mailing City State Zip

Phone: Email: Best Number to Contact You

Form with two request sections (REQUEST #1 and REQUEST #2) containing checkboxes for Mail, Pick Up, and Fax, along with fields for Name & Relationship, Number of transcripts to send, Attention, Mail To, Address or PO Box, and City / State / Zip. Includes the instruction 'Be sure the receiver accepts faxed transcripts as official'.

Student Signature: Student signature required for release of transcript

FOR RECORDS OFFICE USE ONLY

Rcd by: Hold: No Yes - Type: Input Initials: Processed Initials: Date: