

# WOOD COLLEGE

1701 North State Street, Campus Box 150436  
Jackson, MS 39210-0001  
Web: [www.millsaps.edu/records](http://www.millsaps.edu/records)  
Email: [records@millsaps.edu](mailto:records@millsaps.edu)  
Office: Academic Complex, Room 142  
Phone: 601-974-1120  
Fax: 601-974-1114

## REQUEST FOR OFFICIAL TRANSCRIPT

Please print full name on Wood College Record \_\_\_\_\_

Today's Date \_\_\_\_\_ SSN \_\_\_\_\_ DOB \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Provide last semester attended \_\_\_\_\_ or graduation date \_\_\_\_\_

This transcript is being sent under the provisions of the Family Educational Rights and Privacy Act of 1974. Information contained on this transcript cannot be transferred to a third party without the written authorization of the student.

\*Please mail \_\_\_\_ number of copies to:

|                         |  |
|-------------------------|--|
| _____<br>_____<br>_____ | This transcript is not official unless it bears the seal of the College. |
|-------------------------|--|

*\*Please complete one request form for each addressee.*

Official transcripts are \$10.00 per copy. Transcripts are released only at the written request of the student, as required by law.

Student Signature \_\_\_\_\_

|                     |                      |                  |               |
|---------------------|----------------------|------------------|---------------|
| FOR OFFICE USE ONLY |                      |                  |               |
| Date received _____ | Date processed _____ | Amount due _____ | Initial _____ |
| Comments _____      |                      |                  |               |

Form last updated: 12/1/2014