

TRANSCRIPT REQUEST

(All Requests Must Be Made in Writing By The Student)

WYOMING STATE ARCHIVES
BARRETT BUILDING
2301 CENTRAL AVENUE
CHEYENNE, WY 82002
PHONE: (307)777-7018 FAX: (307)777-7044

\$4.00 FEE PER TRANSCRIPT

(Payment & Signature Must Be Received Before Transcripts Will Be Sent)
(CHECKS, MONEY ORDERS, VISA OR MASTERCARD ACCEPTED)

A copy of your driver's license must be attached to this request.

DATE OF REQUEST: _____

NUMBER OF COPIES: _____

NAME OF SCHOOL ATTENDED: _____

YEAR OF GRADUATION: _____ NON-GRADUATE, LAST YEAR ATTENDED: _____

NAME: _____
(Please Print) (Last) (First) (Middle) (Maiden)

OTHER NAMES USED WHILE IN SCHOOL: _____

STREET ADDRESS: _____
(Current)

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____ DATE OF BIRTH: _____

SIGNATURE: _____

SEND TRANSCRIPTS TO:

COLLEGE/BUSINESS: _____

STREET ADDRESS: _____

CITY AND STATE: _____ ZIP: _____

FAX NUMBER: _____

CREDIT CARD NUMBER: _____ EXP: _____
(VISA OR MASTERCARD)

Transcripts are normally issued within 3 business days after receipt of Request and Payment.