## 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:	<del></del>			
NAME OF SCHOOL ATTEND	ED:			4444
YEAR OF GRADUATION:	NON-GRADUATE, LAST YEAR ATTENDED: _			
NAME: (Please Print) (Last)				
(Please Print) (Last)	(First)		(Middle)	(Maiden)
OTHER NAMES USED WHILI	E IN SCHO	OOL:		
STREET ADDRESS:				
CITY:		STATE:	ZIP:	
PHONE NUMBER:				
SIGNATURE:				
SEND TRANSCRIPTS TO:				
COLLEGE/BUSINESS:				
STREET ADDRESS:				
CITY AND STATE:				
FAX NUMBER:		No. 10 (10 (10 (10 (10 (10 (10 (10 (10 (10	**************************************	
CREDIT CARD NUMBER:				
VISA OR MASTERCARD)			2 2 20 10 10 10 10 10 10 10 10 10 10 10 10 10	
Franscripts are normally issued	within 3 hi	isiness davs at	fter receipt of Reque	st and Payment

2/2011