Western Iowa Tech Community College Transcript Request Form

Return to: WITCC Transcript Center
P.O. Box 5199, Sioux City, IA 51102-5199

–FOR OFFICE USE ONLY–
Paid by check/cash/credit card
Date_____/_____/_____ Receipt Date
Processed by:_____ Initials
Date_____/_____/_____

- ***Transcript fee per request: First copy $4.00; additional copies requested at the same time $1.00 each.***
- ***All outstanding balances with the college must be paid before transcripts will be processed.***
- ***Incomplete forms will be returned to the requestor.***

Complete Name and Address: (Please Print)

_____
Last Name First Name Initial

_____
Social Security Number

_____
Address

_____
City State Zip

_____
Signature Phone Number

◯ **Please Mail** **OR** ◯ **Hold for Pick Up** (Check one)

Hold for current semester grades. ◯ **Yes** ◯ **No**

If yes, are you graduating from Western Iowa Tech Community College at the end of the semester?
◯ **Yes** ◯ **No**

Beginning Date of Attendance:_____

1.

_____
Institution Name

_____
Address

_____
City, State, Zip

2.

_____
Institution Name

_____
Address

_____
City, State, Zip

3.

_____
Institution Name

_____
Address

_____
City, State, Zip

4.

_____
Institution Name

_____
Address

_____
City, State, Zip

TOTAL Number of Copies Requested_____

TOTAL FEE ENCLOSED $_____

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