

# 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:

_____ _____ _____	This transcript is not official unless it bears the seal of the College.
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*\*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.

Form of payment:

\_\_\_\_ Card    \_\_\_\_ Cash    \_\_\_\_ Money Order    \_\_\_\_ Check (make it out to Millsaps College)

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

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

*Form last updated: 1/3/2016*