

**WISCONSIN INDIANHEAD TECHNICAL COLLEGE**  
**UNOFFICIAL TRANSCRIPT REQUEST FORM**

**Check one:**

**Undergraduate (Credit) Transcript** - An undergraduate (UGRD) transcript will contain financial aid-eligible courses as part of a declared major or program (associate degree, two-year technical diploma, one-year technical diploma, and less-than-one-year technical diploma--such as EMT-Basic or Certified Nursing Assistant).

**Continuing Education (ACE/Hourly) Transcript** - A continuing education (CNED) transcript will contain personal and professional development short-term training courses (often regulated by the state) to meet specialized industry certification and licensure requirements. Courses may include CPR, Fire Training, First Aid, Responsible Beverage Service, Insurance, Real Estate, Computer, Child Care and Motorcycle Safety.

**Complete Unofficial Transcript** - A complete unofficial transcript will contain all Undergraduate, Continuing Education, and Extended Education (Adult Basic Education courses offered in the areas of basic skill—reading, writing, and math—development) courses taken.

\_\_\_\_\_  
 Social Security Number                      Date of Birth                      Student ID Number (if known)

\_\_\_\_\_  
 Last Name                                      First Name                                      MI

**Name While Attending WITC (IF DIFFERENT FROM ABOVE)**

\_\_\_\_\_  
 Address                                      City                                      State                                      ZIP

(\_\_\_\_\_) \_\_\_\_\_                      (\_\_\_\_\_) \_\_\_\_\_  
 Daytime telephone number                      Evening telephone number

Number of copies requested: \_\_\_\_\_  
 Are you currently enrolled:  
 Yes     No  
 Date last attended \_\_\_\_\_  
 (If not currently enrolled)

I will pick up in person (must present photo ID)  
 Mail to the address above  
 Hold until degree is conferred; then mail  
 Hold for current semester grades; then mail  
 Mail to the address below  
 Someone else will pick up (must present photo ID)  
 Name \_\_\_\_\_

**Mail transcript to: (Please PRINT CLEARLY)**

*Note: Use a separate request for each mailing address*

Name			
Address			
City	State	ZIP	

\_\_\_\_\_  
 Signature (REQUIRED)

\_\_\_\_\_  
 Date

WITC is a multi-campus college—your transcript will include courses taken at all locations. Records for courses prior to 2003 may require additional processing time. There is no charge for unofficial transcripts.

**WITC-Ashland**  
 Transcript Request  
 2100 Beaser Avenue  
 Ashland WI 54806  
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 Roxanne.Lusua@witc.edu

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 Transcript Request  
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 New Richmond WI 54017  
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 Jana.Macone@witc.edu

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 Transcript Request  
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