



**TRANSCRIPT REQUEST**

**Office of the Registrar:**

**My admission to Western New Mexico University is contingent upon receipt of a final transcript of credits and grades. It will be appreciated if your office will send an official transcript of my records to:**

**WESTERN NEW MEXICO UNIVERSITY  
OFFICE OF ADMISSIONS  
P.O. BOX 680  
SILVER CITY, NEW MEXICO 88062-0860**

**If there is a charge for this service, please mail a statement to me:**

_____	_____	
NAME	DATE OF BIRTH	
_____	_____	
ADDRESS	SOCIAL SECURITY NUMBER	
_____		
CITY	STATE	ZIP

**Dates of the Last Attendance:** \_\_\_\_\_

**Full name at time of Attendance:** \_\_\_\_\_

**Sincerely yours,**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE OF REQUEST

**\*\*Feel free to duplicate this form.**