



Transcript Request Form for NonCredit Training and CEUs

Name: _____
Former name, if any: _____
Mailing Address (street): _____
Mailing Address (city, state, zip): _____
Phone Number: _____
Email Address: _____

Are you requesting a physical copy or a digital copy ?

If transcript should be sent to a third party, supply the following information.

Organization Name: _____
Contact Name: _____
Mailing Address (street): _____
Mailing Address (city, state, zip): _____
Email Address: _____
Instructions: _____

Course/Program (name, topic): _____
Date of Program: _____
Location of Program: _____

Student Signature: _____

Note: Transcripts will be released in accordance with the Family Educational Rights and Privacy Act of 1974.

Return Completed Form to:

CEU Administrator/Lifelong Learning
WKU Continuing & Professional Development
Knicely Conference Center 123
2355 Nashville Road
Bowling Green, KY 42101

LL@wku.edu

270-745-1912