



WESTERN  
ILLINOIS  
UNIVERSITY

# TRANSCRIPT RELEASE High School Dual Enrollment

Complete and return to  
Undergraduate Admissions  
Western Illinois University  
1 University Circle  
Macomb, IL 61455  
Fax: 309-298-3111

Please print or type the requested information below. This transcript request form is to be used for the sole purpose of providing an official, printed Western Illinois University transcript to the high school indicated below while the student is enrolled in the high school dual enrollment program. Please note that official transcripts will not be released if the student has an administrative hold with the University. There is no charge for a hard-copy transcript.

WIU ID Number \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

- I understand that by signing this agreement I am authorizing Western Illinois University to release my academic transcript to my high school at the end of each term in which I am registered for classes as a high school dual enrollment student. I understand that my high school counselor will be able to request my WIU grades and may include those grades on my high school transcript.

High School & Counselor \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

- I understand that my information will be stored within the guidelines of the *Family Educational Rights and Privacy Act* (FERPA) and will be a part of my academic record.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

For questions about the *High School Dual Enrollment program*, please contact Admissions at 309-298-3157 or email at [admissions@wiu.edu](mailto:admissions@wiu.edu).