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|--|--|---|--|-----------------------|--|--|--|-----------------------|--|--|--|--------------------|--|-----------------|
| Student ID (if known) | | Date of Birth | | | | | | | | | | | | |
| Full Name | | | | | | | | | | | | | | |
| Other Names while attending | | | | | | | | | | | | | | |
| E-mail Address | | Phone | | | | | | | | | | | | |
| Current Street Address | | | | | | | | | | | | | | |
| City, State | | Zip Code | | | | | | | | | | | | |
| First Term attended at UW-Madison | | Last Term attended at UW-Madison | | | | | | | | | | | | |
| UW-Madison Degree(s) & Date Earned | | | | | | | | | | | | | | |
| Recipient (select one) -PDF Transcripts are not available to students who last attended UW-Madison prior to 1978. | <input type="checkbox"/> PDF Emailed to: _____ | | | | | | | | | | | | | |
| | <input type="checkbox"/> Send to Self at Address Above | | | | | | | | | | | | | |
| | <input type="checkbox"/> Send to Individual at Address Below | | | | | | | | | | | | | |
| | <table border="1"> <tr> <td>Recipient Name</td> <td colspan="3"></td> </tr> <tr> <td>Street Address</td> <td colspan="3"></td> </tr> <tr> <td>City, State</td> <td></td> <td>Zip Code</td> <td></td> </tr> </table> | | | Recipient Name | | | | Street Address | | | | City, State | | Zip Code |
| Recipient Name | | | | | | | | | | | | | | |
| Street Address | | | | | | | | | | | | | | |
| City, State | | Zip Code | | | | | | | | | | | | |
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| Attachments | <input type="checkbox"/> I have an attachment (Ex. AMCAS, PHARMCAS, LSAC, etc.) <i>Include all attachments with this order.</i> | | | | | | | | | | | | | |
| Signature Required | I authorize release of my transcripts as directed on this UW-Madison form. X _____ Date _____ | | | | | | | | | | | | | |
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