

Transcript Request

North Carolina Wesleyan College Registrar's Office

Social Security Number _____ Date of Request _____
 or

Student Number _____ Last Date of Attendance _____
 or

Name _____ Graduation Date _____

Current Student: Yes No

Address _____ **PLEASE HOLD FOR:**
 _____ Fall Grades _____

Maiden or Other Name Used: _____ Spring Grades _____

Telephone Number: _____ Summer Grades _____

E-Mail Address: _____ Mail Immediately _____

TO BE SENT TO:

Office: _____	TRANSCRIPTS	TOTAL #	PRICE
School: _____	Official Copy _____		\$ 5.00 each
Street: _____	Official Copy/Priority Mail _____		\$ 10.00 each
City, State, Zip: _____	Fax Copy _____		\$ 10.00 each
Fax: _____	Student Copy (pick-up only) _____		\$ 0.50 each

ADDITIONAL TRANSCRIPTS TO BE SENT TO:

1. _____ 2. _____

Fax #: _____ Fax #: _____

SIGNATURE: _____

MC, VISA, AMX, DISCOVER CARD # _____ Exp. Date _____

Payment Enclosed \$ _____

NOTE: No official transcript will be furnished to a student or alumnus whose financial obligations to the College have not been satisfied or who is in default with Federal or State educational loans. Send request to: Transcript Requests, Registrar's Office, North Carolina Wesleyan College, 3400 N. Wesleyan Blvd., Rocky Mount, NC 27804, or FAX (252) 985-5284.