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# Transcript Request Form

Effective August 1, 2012, there is a **\$3 fee for each curriculum transcript requested**. You must submit payment with your request. A separate request form must be submitted for each transcript requested.

- Payment forms accepted: Check or Money Order may be mailed. Cash, Visa or MasterCard may be used in person at the Business Office.
- Note: If paying with a check, the release of the transcript will be delayed until the check has cleared with the bank.

Please complete the information in **all** the fields listed below. *Incomplete forms will be returned and not processed.* This form must be **signed** by the student, not printed.

Requests can be mailed, emailed or faxed to:

**Registrar's Office**  
 Wilkes Community College  
 PO Box 120  
 Wilkesboro, NC 28697

**FAX: 336-903-3212**

**EMAIL: wcc.registrar@wilkescc.edu**

## Personal Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle/Maiden: \_\_\_\_\_

Name used at time of enrollment: \_\_\_\_\_

Date of Birth (mm/dd/yy): \_\_\_\_\_ SSN: \_\_\_\_\_

Current Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone Number: ( ) \_\_\_\_\_ WCC Graduate? Yes  No

## Transcript Information

Send  academic transcript  placement test results to:

Select One Option Below

Office/Department \_\_\_\_\_

Send Now\*  After Fall Grades

Address: \_\_\_\_\_

After Spring Grades  After Summer Grades

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

**\*Notice: Please allow one week processing time once form is received in our office. Same day request cannot be honored. There will be additional delays during grading periods at the end of each semester (May/June, August/September, December/January). Therefore, please plan ahead to meet specific due dates.**

Other Information Needed to Process Request: \_\_\_\_\_

In accordance with the Family Educational Rights and Privacy Act of 1974, I hereby grant permission to release a copy of my transcript as listed above.

\_\_\_\_\_  
 Student Signature (Required)

\_\_\_\_\_  
 Date