

WAYNE COMMUNITY COLLEGE

Goldsboro, NC

We require all fields to be completed.

Name and present address of student. (Please Print)

Request to be picked up? Yes No _____ Date

Transcripts not picked up within 90 days will be mailed to the student's provided address.

COMPLETE ONE REQUEST FOR EACH ADDRESS TO WHICH TRANSCRIPT IS TO BE SENT.

Applicant is responsible for address. (Print Plainly)

PLEASE MAIL TRANSCRIPT TO: (Faxed transcripts are not guaranteed legible.)

We are not responsible for accurate delivery of transcripts issued to student.

AUTHORIZATION FOR RELEASE OF CURRICULUM TRANSCRIPT

No. of Copies _____

Signature of Student _____

Student ID No. _____

Name as it appears on Record (please print) _____

Date of Birth _____

Student's Phone No. _____

Currently Enrolled Yes No

If no, date of last attendance _____
Quarter/Semester _____ Year _____

Transcript should be mailed Now End of Semester
 After Graduation Posted

PLEASE ALLOW 24 HOURS FOR PROCESSING

THERE IS A \$4.00 FEE PER TRANSCRIPT (NO CHECKS ACCEPTED)

OFFICE USE ONLY

Request Date _____

Fee Paid _____

Paid Date _____

Transcript Printed _____