

WAYNE COMMUNITY COLLEGE
Goldsboro, NC

Name and present address of student. (Print)

Request to be picked up Yes No Date _____
Complete one request form for each address to which transcript is to be sent.

Applicant is responsible for address. (Print Plainly)

PLEASE FORWARD TRANSCRIPT TO:

AUTHORIZATION FOR RELEASE OF TRANSCRIPT

No. of Copies _____

Signature of Student _____

Soc. Sec. No. _____

Name as it appears on Record _____

Date of Birth _____

Currently Enrolled Yes No _____

Date _____

If no, Date of last attendance _____

Quarter/Semester _____

Year _____

Type Program Enrolled in: Curriculum

Continuing Educ. (Extension)

Transcript should be mailed _____

Now End of Semester

After Graduation Posted

THERE IS A \$2.00 FEE PER TRANSCRIPT. (NO CHECKS ACCEPTED)

Office Use Only

Fee Due _____ Fee Paid _____ Date _____

Transcript Mailed _____ Date _____ Other _____