

**ADULT HIGH SCHOOL TRANSCRIPT RELEASE FORM**  
**Wayne Community College**

FAILURE TO COMPLETE ANY ITEM COULD PREVENT OR DELAY  
PROCESSING: (ALLOW 24 HOURS TO PROCESS) NO FEE FOR ADULT  
HIGHSCHOOL TRANSCRIPT

Date: \_\_\_\_\_ Number of Copies: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security# \_\_\_\_\_

Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

PRINT NAME AS IT APPEARS ON RECORD: \_\_\_\_\_

**PLEASE FORWARD TRANSCRIPT TO:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Did you graduate? Yes \_\_\_ No \_\_\_

Adult High School Diploma \_\_\_ GED \_\_\_

What is the year of graduation or last  
attendance? \_\_\_\_\_

**AUTHORIZATION FOR RELEASE OF TRANSCRIPT:**

I, the above named student, do hereby authorize Wayne Community College to release my  
transcript to the above named person, agency, employer and/or educational institution.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

OFFICE USE: DATE TRANSCRIPT WAS MAILED \_\_\_\_\_