

AUTHORIZATION FOR RELEASE OF CONTINUING EDUCATION TRANSCRIPT

WAYNE COMMUNITY COLLEGE

Goldsboro, NC

PLEASE ALLOW 24-72 HOURS FOR PROCESSING

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

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. ~~S 477~~

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

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

No. of Copies _____ Official _____ Unofficial _____

Signature of Student _____

SSN/Student ID No. _____

Name as it appears on Record (Please print.) _____

Date of Birth _____

Student's Phone No. _____

OFFICE USE ONLY

Request Date _____

Fee Paid _____

Paid Date _____

Processed By & Date _____

Transcribed Mailed _____