



WAYNE COMMUNITY COLLEGE

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

AUTHORIZATION FOR RELEASE OF CURRICULUM TRANSCRIPT

Name: _____

Date of Birth: _____ ID Number: _____

Phone Number: _____ Email: _____

Signature: _____

Number of Copies Requesting: _____

Check All that Apply:

- Transcript should be processed for pick up.
- Transcript should be mailed.

Please mail to:

Name/School: _____

Address: _____

Applicant is responsible for address. We are not responsible for accurate delivery of transcripts.

Transcript should be processed:

- Now
- End of Semester
- After Graduation Posted

OFFICE USE ONLY

Fee Paid	Date:	Processed
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