

## AUTHORIZATION FOR RELEASE OF ADULT HIGH SCHOOL TRANSCRIPT

### WAYNE COMMUNITY COLLEGE

Basic Skills Department

Goldsboro, NC 27533

919-739-6908

PLEASE PRINT CLEARLY

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

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

Request to Pick Up Transcript? \_\_\_\_\_ Yes \_\_\_\_\_ No

Complete one request form for each address to be mailed

THIS FORM WILL BE USED IN A WINDOW ENVELOPE

**\*\*Applicant is responsible for address\*\***

PLEASE FORWARD TRANSCRIPT TO:


### ALLOW 24 TO 72 HOURS FOR PROCESSING

No of Copies \_\_\_\_\_

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

\_\_\_\_\_  
Soc. Sec. No.

\_\_\_\_\_  
Name As It Appears On Record

\_\_\_\_\_  
Date of Birth

Approximate Graduation Year: \_\_\_\_\_

### OFFICE USE ONLY

Processed by: \_\_\_\_\_ Date: \_\_\_\_\_

Transcript Mailed: \_\_\_\_\_ Date: \_\_\_\_\_