



Transcript Request Form

Cash _____ Card _____ Check _____
BO _____ Date _____

Effective December 11, 2017, there is a **\$5 non-refundable fee for each curriculum transcript requested**. You must submit payment with your request. A separate request form must be submitted for each transcript requested.

- Payment forms accepted: Check or Money Order may be mailed. Cash, American Express, Discover, Visa and MasterCard may be used in person in the Student Services Office or Business Office.
- All Financial obligations must be cleared before any transcript will be released.

Please complete the information in **all** the fields listed below. *Incomplete forms will be returned and not processed.* This form must be **signed** by the student, not printed.

Wilkes Community College
Registrar's Office
PO Box 120
Wilkesboro, NC 28697

Personal Information

Last Name: _____ First Name: _____ Middle/Maiden: _____

Name used at time of enrollment: _____

Date of Birth (mm/dd/yy): _____ SSN: _____

Current Address: _____ Email Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone Number: () _____ WCC Graduate? Yes No

Transcript Information

Send academic transcript

Select One Option Below

Mail To: _____

Send Now* After Fall Grades

Address: _____

After Spring Grades After Summer Grades

City: _____ St: _____ Zip: _____

***Notice: Please allow one week processing time once form is received in our office. There will be additional delays during grading periods at the end of each semester (May/June, August/September, December/January). Therefore, please plan ahead to meet specific due dates.**

Other Information Needed to Process Request: _____

In accordance with the Family Educational Rights and Privacy Act of 1974, I hereby grant permission to release a copy of my transcript as listed above.

Student Signature (Required)

Date

Revised 07-18