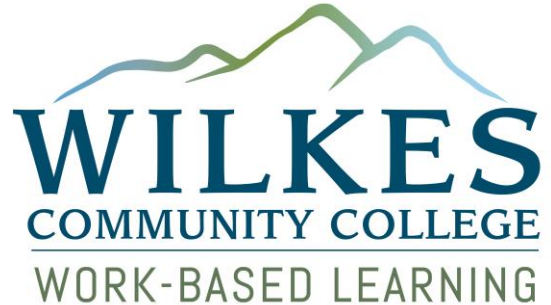


TRANSCRIPT REQUEST FORM

Form for Work-Based Learning Only

Please complete the information in **all** the fields listed below.
This form must be signed by the student, not printed.
Please return form to Director of Work-Based Learning.



Wilkes Community College
PO Box 120 Wilkesboro, NC 28697
FAX 336-838-6547

Personal Information

Last Name: _____ First Name: _____ Middle Initial: _____

Name used at time of enrollment: _____

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

Current Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____ Daytime Phone Number: () _____

Transcript Information

Dates Attended at WCC - From: _____ To: _____

Send transcript to: Beth Foster _____

Office/Department: Work-Based Learning _____

Address: PO Box 120 _____

City: Wilkesboro _____ State: NC _____ Zip: 28697 _____

Transcript Format

Official (other colleges and most employers require official copies)

Unofficial (student copy)

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