



Cash _____ Card _____ Check _____
BO _____ Date _____

Transcript Request Form

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.

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 07-24