

Transcript Request Form for Adult High School or High School Equivalency

Please complete the information in **all** the fields listed below to request your Adult High School transcript.
This form must be signed by the student, not printed.
We **cannot** honor emailed requests or request via voicemail; we must have your signature.

Request can be mailed or faxed to:

Basic Skills Department **FAX 336-551-9469**
Wilkes Community College
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: _____

City: _____ State: _____ Zip: _____

Daytime Phone Number: () _____

Transcript Type

- Adult High School
Year Graduated _____

ALL GED/HSE Transcript Records Must Be Requested From Diploma Sender

Please visit: <http://diplomasender.com/#/>

OFFICIAL TRANSCRIPTS CANNOT BE FAXED!

Send transcript to:

Please Print

Transcript Format

- ____ Official (other colleges and most
employers require official copies)
____ Unofficial (student copy)

Send transcript to:

Please Print

Transcript Format

- ____ Official (other colleges and most
employers require official copies)
____ Unofficial (student copy)

Notice: Please allow one week processing time once form is received in our office.

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