



Transcript Request Form

Continuing Education

Instructions: Please complete the form. **Be sure to sign!**

Fax to: Becky Scott at 336-551-9453

Mail to: Wilkes Community College, Attn: Becky Scott
P.O. Box 900, West Jefferson NC 28694

Email to: rescott078@wilkescc.edu

Note: If all information is not completed your request cannot be processed.

WCC ID Number OR Birthdate & Last 4 digits of Social Security #	Last Year Enrolled/Graduated	Phone Number
Last Name	First Name	Middle Initial
If you attended WCC under a different name than above, list all previous names: If this doesn't apply enter N/A		

Type of Transcript Request

<input type="checkbox"/>	Official Copy
<input type="checkbox"/>	Personal Copy

Official Copies of your GED must be obtained from the State GED Office.
For more information see our website @ www.wilkescc.edu

Official Transcript may be mailed to the address you provide below, or the transcript may be picked up from Window World Hall by the student. Please indicate your preference below by providing name and address of recipient or simply writing will pick up and provide an email or phone number so we can let you know when the transcript is available.

Name
Address
City, State, Zip

Note: Without a handwritten signature, your request cannot be processed.

I certify that the record I am requesting to be released is my own.

Student Signature:

Date: _____

There is no charge for a Continuing Education transcript at this time.

For Office Use Only: Date Released _____ By _____