WILKES COMMUNITY COLLEGE
Wilkes • Ashe • Alleghany

WORKFORCE DEVELOPMENT & COMMUNITY EDUCATION

CONTINUING EDUCATION - TRANSCRIPT REQUEST FORM

Please complete this form. Be sure to sign!
Fax to: Amber Holliday at 336-551-9453
Mail to: Wilkes Community College
Attn: Amber Holliday
P.O. Box 900, West Jefferson, NC 28694
Email to: asholliday860@wilkescc.edu

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

WCC ID number OR birthdate and last four digits of your Social Security Number	Last year you were 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 does not apply, enter N/A.		

At this time, there is no charge for a Continuing Education transcript.

Type of Transcript Request

☐ Official Copy

☐ Personal Copy

Official Copies of your GED must be obtained from the State GED Office. For more information see the WCC website at 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: _____

OFFICE USE ONLY

Date Released:

_____

By: _____