TRANSCRIPT REQUEST FORM

TO: REGISTRAR

Please send one official transcript of grades earned by me during attendance at your institution

from_____ to _____
(date) (date)

_____
(Social Security Number)

_____
NAME (Last) (First) (Middle/Maiden)

_____
Name on Transcript (if different from above)

_____
Address

Please attach a copy of my transcript to this form and mail to the address below:

Wingate University Metro College
P.O. Box 3549
Matthews, NC 28106

_____
Signature Date

NOTE TO THE APPLICANT:

Passage by Congress of the Family Educational Rights and Privacy Act of 1974 and subsequent legislation passed by certain states requires that permission be granted for the release of academic records by schools. For that reason, it is necessary for you to request that your transcript be mailed to our office. Please complete and sign the letter above and submit it to the Registrar at the college(s) you have attended.