# WILSON COMMUNITY COLLEGE
# TRANSCRIPT REQUEST

_____

Name/Last First Middle/Maiden

_____

Current Address

_____

City State Zip Code

_____ _____

SSN or ID Number Phone Number

_____ _____

Date of Birth Other Names On Record

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I am requesting _____ copies of my:

( ) Curriculum transcript - Name of major _____

- Years of attendance _____ to _____

( ) Continuing Education transcript (Notary,Nurse Asst,EMT Recert,etc.)

( ) Wilson CC Adult High School transcript - Year completed _____

**GED transcripts are now issued by the State Office in Raleigh. We have request forms that we can fax for you.**

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( ) I would like for my transcript(s) to be mailed to:

_____ _____

_____ _____

_____ _____

( ) I will pick up my transcripts **(Identification Required)**

( ) I will have someone else pick up my transcripts Who?_____

**(Written permission and identification required)**

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_____ _____

Student's Signature Date

**PLEASE NOTE:**

1. Transcripts are not issued for persons who are indebted to the College until such indebtedness is paid or reconciled.
2. Transcript requests will normally be processed within 24 hours. However, a longer period of time may be required at the end of the semester and during registration.

Rev. 09/07