

TRANSCRIPT REQUEST FORM

TO: REGISTRAR

Please send **one (1)** official transcript of grades earned by me during attendance at your institution.

from _____ to _____
(Date) (Date)

Social Security Number

NAME (Last) (First) (Middle)

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
MAC Program
Campus Box 3000
Wingate, NC 28174
(704) 233-8148
Fax (704) 233-8146

Signature Date