

# Wingate University Transcript Request Form

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name under which you attended (*if DIFFERENT from above. Give all married name(s)!*)

\_\_\_\_\_  
Student ID Number (Current Students)

\_\_\_\_\_  
SS Number (Alumni)

Dates of Attendance (approximate): \_\_\_\_\_

Number of Copies: \_\_\_\_\_ Contact phone number: \_\_\_\_\_

NAME and ADDRESS to which transcript can be MAILED (transcripts are NOT FAXED!):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please review the options below and indicate the reason for your transcript request, to help us better serve our students and alumni:

- Scholarships  
 Apply/Transfer to another institution  
 Internship Application  
 Graduate/Professional School Application  
 Summer Course—Transient Study (current students)  
 Job Verification  
 Other—Please describe: \_\_\_\_\_

Your Current Home Address: \_\_\_\_\_ Mail a Copy here?  Yes  No

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Fax This Form to: 704-233-8125 (No Cover Sheet Required)

Mail This Form to: Registrar

Wingate University  
Campus Box 3031  
Wingate, NC 28174

TRANSCRIPTS ARE USUALLY MAILED OUT THE SAME DAY IN WHICH THIS REQUEST IS RECEIVED.