

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
MBA Program
P.O. Box 3549
Matthews, NC 28105
(704) 849-2132
Fax (704) 849-2468

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.