

COLLEGE TRANSCRIPT REQUEST FORM

CENTER FOR CONTINUING EDUCATION



DIRECTIONS TO APPLICANT:

Please complete 1 Transcript Request Form for each institution previously attended and return to Guilford College. We will mail this form and pay the fee for your transcripts. We do not request transcripts for schools outside of the United States of America (U.S.A.). You must provide official transcripts and a World Education Services, Inc. evaluation (www.wes.org) for schools outside of the U.S.A..

DATE: _____

FROM:

NAME (PRINT) _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

DAYTIME PHONE NUMBER _____

TO THE REGISTRAR OF:

NAME OF INSTITUTION _____

CITY _____ STATE _____

I hereby authorize you to mail an official copy of my transcript to:

Guilford College
Center For Continuing Education
5800 West Friendly Avenue
Greensboro, NC 27410
336-316-2126

I ATTENDED FROM _____ TO _____

SOCIAL SECURITY NUMBER _____

DATE OF BIRTH _____

NAME(S) USED WHILE IN ATTENDANCE _____

SIGNATURE _____

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