

HIGH SCHOOL TRANSCRIPT REQUEST FORM

CENTER FOR CONTINUING EDUCATION



DIRECTIONS TO APPLICANT:

Please complete this Transcript Request Form for your High School or G.E.D granting institution 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 _____

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

TO THE REGISTRAR OF:

NAME OF HIGH SCHOOL OR G.E.D. GRANTING INSTITUTION _____

CITY _____ STATE _____

- Please send my:
- Official High School Transcript
 - Official GED Scores
 - Immunization records

I ATTENDED FROM _____ TO _____

SOCIAL SECURITY NUMBER _____

DATE OF BIRTH _____

NAME(S) USED WHILE IN ATTENDANCE _____

SIGNATURE _____

COLLEGE TRANSCRIPT REQUEST FORM

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