

TRANSCRIPT REQUEST FORM

CENTER FOR CONTINUING EDUCATION



DIRECTIONS TO APPLICANT:

Please complete 1 Transcript Request Form for each institution previously attended. Guilford College will mail this form and pay the fee for all your transcripts (U.S.A. institutions only).

DATE: _____

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

FROM:

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ADDRESS _____

CITY _____ STATE _____ ZIP _____

DAYTIME PHONE NUMBER _____

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

TO THE REGISTRAR OF:

NAME OF INSTITUTION _____

CITY _____ STATE _____ ZIP _____

I ATTENDED FROM _____ TO _____

SOCIAL SECURITY NUMBER _____

DATE OF BIRTH _____

NAME(S) USED WHILE IN ATTENDANCE _____

SIGNATURE _____

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