

TRANSCRIPT REQUEST FORM

Print Full Name: _____ Date: _____

Signature: _____ SS#: _____ - _____ - _____

Current Address: _____

City: _____ State: _____ Zip: _____

Phone (1): _____ Phone (2): _____ Date of Graduation: _____

Email: _____ Birth Date: _____

Currently Enrolled _____ OR Date Last Attended _____

Requestor: _____

Date Requested: _____

Please send within two weeks to:

**Southern Wesleyan University
Office of Admissions
PO Box 1020, SWU Box 1928
Central, SC 29630**