Southern Wesleyan University Transcript Request Form

Office of Academic Records PO Box 1020 Central, SC 29630 Phone: 864-644-5530 Fax: 864-644-5971

Transcripts are \$5.00 per copy. Transcript requests are typically processed within 24 hours. During peak activity periods such as registration, graduation or University holidays, allow additional time for processing. Payment must be received prior to processing. If you are faxing the request, you must include all debit/credit card information on the request. Transcripts will not be released until all financial obligations have been met. If you require a letter of completion, please indicate this in the special instructions box. In order to receive a letter of completion, you must have met all graduation requirements, and your scheduled graduation must be more than one month away. Additional time is required for processing letters of completion.

Student information:

Name:	(Last)		(First)	(Middle)	(Maiden)		
Current Ad	ldress:	(Street)		(City)	(State/Zip)		
(Home phone)		-	e)				
(Social Security Number)			(SWU Student ID Number)				
Currently of	enrolled?	Yes	No If r	o, last date attended:			
		equired!)	the provisions of the	Family Educational Rights and Privac	x Act of 1974 as amended)		

Forward Transcript to:

(Name)	Special Instructions:		
(Address)			
(City)	(State/Zip)		
Payment Information: _ Check/Money Order payable to SWU	_ Visa	_ Mastercard	_ Discover
Name as it appears on Card			
Card Number			
Three Digit Security Code	Amount		
Billing Address			
Signature	Card Exp. Date		