



Tennessee Wesleyan UNIVERSITY

TRANSCRIPT REQUEST

PLEASE FORWARD AN OFFICIAL COPY OF:

HIGH SCHOOL TRANSCRIPT COLLEGE TRANSCRIPT GED TEST RESULTS

Name of School or Testing Center

Address

City

State

Zip

Student's Name at Present Time

Student's Address (Street, City, State, Zip)

Social Security Number Phone Number (_____)

Birth Date Cell Number (_____)

E-mail

HIGH SCHOOL/COLLEGE INFORMATION

Name while enrolled

Dates Attended

Date of Graduation

GED TEST INFORMATION

Name when tested

Date of Test

Location of Test Center

Please return top portion with transcript. Detach and retain bottom portion for your records.

AUTHORIZATION FOR RELEASE OF SCHOOL RECORDS

I do hereby consent to the release of any information pertaining to my scholastic records and/or activities which
_____ may provide Tennessee Wesleyan University.

(name of institution)

I agree to assume all legal responsibility and do hereby relieve the person who provides such information from any liability, regardless of any action which may arise resulting from the release of that information.

Signature of Student/Date

Signature of Parent or Guardian/Date