



## TRANSCRIPT REQUEST FORM

### Applicant

Please provide the requested information that is applicable to you and send it to your previous school's registrar. If you have attended more than two colleges or universities, photocopy this form and send it to each of the institutions you have attended. Once all transcripts have been received, unless otherwise contacted, send them to George Wythe College in your application packet.

1. Name \_\_\_\_\_  
Last First Middle Name or Initial
2. Address \_\_\_\_\_  
Number & Street City State Zip Code
3. U.S. Social Security Number \_\_\_\_\_
4. School \_\_\_\_\_
5. Dates of Enrollment \_\_\_\_\_
6. Date of Degree \_\_\_\_\_
7. Title of Degree in original Language \_\_\_\_\_
8. I hereby authorize the release of my transcripts to George Wythe College.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Registrar:

What term system does your school use:  Semester  Quarter  Other \_\_\_\_\_

Return this form along with an official current transcript to the applicant named above. Please seal the envelope and sign across the flap to ensure confidentiality. If you will not release an official transcript to the applicant, sent it directly to:

George Wythe College  
Director of Admissions  
970 South Sage Drive  
Cedar City, UT 84720

----- Separate Here -----



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