

Transcript Permission Form

I hereby give the Southern Wesleyan University Office of Admission permission to contact and request official transcripts from all secondary and post secondary schools I have attended. This information will only be used to complete my application to Southern Wesleyan University.

Print Full Name: _____ Maiden/Surname _____

Current Address _____

City _____ State _____ Zip _____

Phone (1) _____ Phone (2) _____ Birth Date _____

Social Security No.: _____ - ____ - _____ eMail _____

University Name(s) _____

Signature: _____

Date: _____

Choose one:

Please send within two weeks to:
Office of Admissions
Southern Wesleyan University
P.O. Box 1020, S.W.U Box 1928
Central, SC 29630

Please allow SWU to pick up transcript.