

# Transcript Request Form

Adult  
Graduate Studies

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.

Full Name \_\_\_\_\_ Maiden/Surname \_\_\_\_\_

Current Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (1) \_\_\_\_\_ Phone (2) \_\_\_\_\_ Birth Date \_\_\_\_\_

eMail \_\_\_\_\_ Social Security Number \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Please send my official transcript to the following address:

Office of Admissions  
Southern Wesleyan University  
P.O. Box 1020, SWU Box 1928  
Central, SC 29630