

Transcript Request Form

Request for Official Transcript

Print Full Name _____ Date _____

Signature _____ SS# _____

Current Address _____

City _____ State _____ Zip _____

Phone _____ Date of Graduation _____

eMail _____ Birth Date _____

Currently Enrolled? _____ OR Date Last Attended _____

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.

Requestor _____

Date Requested _____