Southern Wesleyan University Transcript Request Form

Office of Academic Records PO Box 1020 Central, SC 29630 Phone: 864-644-5530 Email: records@swu.edu

Transcripts are \$8.00 per copy. Transcript requests are typically processed within 24 hours. During peak activity periods such as registration, graduation or University holidays, allow additional time for processing. Payment must be received prior to processing. Transcripts will not be released until all financial obligations have been met. If you require a letter of completion, please indicate this in the special instructions box. In order to receive a letter of completion, you must have met all graduation requirements, and your scheduled graduation must be more than one month away. Additional time is required for processing letters of completion.

Student information:

Name: (Last)	(First)	(Middle)	(Maiden)
Current Address:	(Street)	(City)	(State/Zip)
(Email Address)		(Daytime phor	ne)
(Social Security Number)	(SWU Student ID Num	ber)
Currently enrolled? _	Yes	No Date of Birth:/	_/
Student Signature (Requi (Authorizes release of academic rec Mail Transcript to:	ired!) ord pursuant to the provision	ons of the Family Educational Rights and Privac	y Act of 1974, as amended.)
(Name)			
(Address)			
(City)		(State/Zip)	
Special Instructions:			

Payment Information:

Please make check payable to Southern Wesleyan University. Mail payments to: Office of Academic Records PO Box 1020 Central, SC 29630