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 \$9.00 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 A	Address:	(Street)		(City)	(State/Zip)
(Email A	ddress)		-	(Daytime pho	one)
(Social Security Number)			-	(SWU Student ID Nur	mber)
Currently	enrolled?	Yes	No	Date of Birth:/	
Student S (Authorizes 1	Signature (Regrelease of academi	equired!)	the provisions of the	ne Family Educational Rights and Priva	acy Act of 1974, as amended.)
Mail Tra	anscript to:				
(Nam	ne)				
(Add	ress)				
(City)		(St	tate/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