



**WAKE FOREST UNIVERSITY
TRANSCRIPT REQUEST FORM**

Transcript Request
FAX # 336.758.6056

TRANSCRIPT REQUESTS MAY BE MAILED TO:

***Or once completed can be scanned & sent to registrar@wfu.edu**

**Wake Forest University
Registrar's Office
PO Box 7207
Winston-Salem, NC 27109-7207**

Total number of copies: _____

WFU ID# or Student's SS# **U** **G** **Div**

Student's Name (Last, First, Middle)

Address

City, State, Zip

Maiden Name or any other name used during or since you attended

Daytime Phone #

Email Address

From _____ To _____ Graduation _____

Dates of attendance

*** IMPORTANT INFORMATION:**

Transcripts will not be issued on behalf of students who have any kind of financial obligation or "HOLD" at the University.

PRINT LEGIBLY. USING THE LINES BELOW, WRITE THE NAME & COMPLETE ADDRESS OF WHERE THE TRANSCRIPT(S) IS TO BE SENT:

Signature (Required)

Date