



**WAKE FOREST UNIVERSITY  
TRANSCRIPT REQUEST FORM**

Transcript Request  
FAX # **336.758.6056**

TRANSCRIPT REQUESTS MAY BE MAILED TO:

**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 AND COMPLETE ADDRESS OF WHERE THE TRANSCRIPT(S) IS TO BE SENT:**

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**Signature (Required)**

\_\_\_\_\_  
**Date**