



TRANSCRIPT REQUEST FORM

Applicant:

Please provide the requested information that is applicable to you and send it to your previous school's registrar. If you have attended more than two colleges or universities, photocopy this form and send it to each of the institutions you have attended. Once all transcripts have been received, unless otherwise contacted, send them to George Wythe University in your application packet.

1. Name _____
Last First Middle Name or Initial
2. Address _____
Number & Street City State Zip Code
3. School _____
4. Dates of Enrollment _____ 5. Date of Degree _____
6. Title of Degree in original Language _____
7. I hereby authorize the release of my transcripts to George Wythe University.
- Applicant's signature: _____ Date: _____

Registrar:

What term system does your school use: Semester Quarter Other
Return this form along with an official current transcript to the applicant named above. Please seal the envelope and sign across the flap to ensure confidentiality. If you will not release an official transcript to the applicant, send it directly to:

George Wythe University
Director of Admissions
970 South Sage Drive
Cedar City, UT 84720

----- separate here -----



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