

Waycross College

College Transcript Request

Registrar

Date _____

_____ (Address to your former college)

I have applied for admission to Waycross College. Please mail an official transcript to the following address:

Waycross College
Office of Admissions
2001 South Georgia Parkway
Waycross, GA 31503

I (did) (did not) graduate from your school in _____.
(year)

Signature

Name as it appears on your college records (type or print)

Address

City, State, Zip

Social Security Number

Date of Birth