



## TRANSCRIPT REQUEST EXCHANGE PROGRAM

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Daytime Telephone \_\_\_\_\_

Email \_\_\_\_\_

SSN \_\_\_\_\_ Date of Birth \_\_\_\_\_

Currently enrolled at Wilson College? ( ) yes ( ) no  
If not, last year of enrollment/graduation date \_\_\_\_\_

Name while in attendance if other than above:  
\_\_\_\_\_

I authorize Wilson College to forward my academic record to the institution(s), employer(s), or individual(s) named below.

Signature \_\_\_\_\_

The information provided below will be copied exactly as provided.  
Please print clearly.

PLEASE FORWARD TRANSCRIPT(S) TO:

**\* Send completed form to:**

OFFICE OF THE REGISTRAR  
WILSON COLLEGE  
1015 PHILADELPHIA AVENUE  
CHAMBERSBURG, PA 17201

Check one:

Process now

Hold for \_\_\_\_\_ semester grades

(For Office use only)

Date request received \_\_\_\_\_

Date request processed \_\_\_\_\_

Office of the Registrar  
Shippensburg University  
1871 Old Main Drive  
Shippensburg, PA 17257