WILLIAMSBURG TECHNICAL COLLEGE

TRANSCRIPT RELEASE FORM

This form enables WTC students or graduates to have transcripts ***sent to other institutions.***
ONLY TRANSCRIPTS THAT ARE MAILED ARE OFFICIAL. HAND-DELIVERED TRANSCRIPTS ARE NOT OFFICIAL COPIES.
Mail completed release form to Office of Admission, Williamsburg Technical College, 601 MLK Jr. Avenue, Kingstree, SC 29556 or fax to 843.355.4289.

_____ _____ _____ _____ _____
Last name *First name* *Middle name* *Maiden name* *Suffix*

Date of birth _____ _____ _____
Month *Day* *Year*

Social Security Number _____ - _____ - _____

I hereby give my consent to Williamsburg Technical College to forward a copy of my transcript as described below:

❒ after end of semester

❒ as soon as possible

❒ student copy (not an official copy)

❒ FAX to: _____
FAX number

❒ Mail an official copy to:

_____
Name of institution, employer, person

_____
Mailing address

_____
City State Zip

_____
Legal signature of WTC student (18 years of age or older)

_____
Signature of parent or guardian (required by law for applicants under 18 years of age)

FOR OFFICE USE ONLY

Library signature _____ Date _____ ❒ Clear ❒ Owes

Bus. office signature _____ Date _____ ❒ Clear ❒ Owes

Number of copies mailed ____ given _____ Date _____

The Family Educational Rights and Privacy Act of 1974 requires that all transcript requests be in writing, signed and dated by the person to whom the record belongs.

Williamsburg Technical College is accredited by the Commission of the Southern Association of Colleges and Schools (1866 Southern Lane, Decatur, Georgia 30033-4097; telephone number 404.679.4501) to award associate degrees.