

# WILLIAMSBURG TECHNICAL COLLEGE TRANSCRIPT REQUEST FORM

*Required to be admitted to a curriculum as a Williamsburg Technical College student*

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*Name of high school, college or university from which transcript is requested*

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*Address*

*City State Zip*

**Please attach this form to the requested  
official transcript and test scores and mail to:  
DIRECTOR OF ADMISSION  
WILLIAMSBURG TECHNICAL COLLEGE  
601 MARTIN LUTHER KING, JR. AVENUE  
KINGSTREE, SOUTH CAROLINA 29556  
or fax to 843.355.4289**

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*Last name*

*First name*

*Middle name*

*Maiden name*

*Suffix*

Did graduate  yes \_\_\_\_\_  
*month/year*

no \_\_\_\_\_  
*last year attended highest grade completed*

Date of birth \_\_\_\_\_  
*Month Day Year*

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**I accept responsibility for any charges. Please bill me at:**

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*Street/Apt./PO Box*

*City*

*State*

*Zip*

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

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.