

Winthrop University Transcript Request Form

INSTRUCTIONS: COMPLETE THIS FORM AND FORWARD IT TO THE RECORDS OFFICIAL AT YOUR CURRENT OR FORMER INSTITUTION.

PLEASE PRINT

TO: Records Officer

(Name of School)

FROM: Student Name

Last Name

First Name

Middle Name

Suffix

SUBJECT: Transcript Request

Please send my official (check one): high school/secondary school college transcript

**TO: Office of Admissions
Winthrop University
Joynes Hall
Rock Hill, South Carolina 29733
Telephone: 803/323-2191
FAX: 803/323-4952**

Student Information:

Social Security Number: _____

Name While Enrolled: _____

Current Address: _____

City _____ State _____ Zipcode _____

Area Code and Telephone Number: (_____) _____

Signature _____ **Date** _____