

WILLIAMSBURG TECHNICAL COLLEGE TRANSCRIPT REQUEST FORM

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

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

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**

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:

Street/Apt./PO Box

City

State

Zip

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.