



HIGH SCHOOL TRANSCRIPT REQUEST

TO: REGISTRAR, _____
Name of High School

Address

I attended your high school from _____ to _____. Please send a transcript of my record to **Adult Degree Programs, Wilson College, 1015 Philadelphia Avenue, Chambersburg, PA 17201**. Please bill me for any processing fees.

Signed: _____

Address: _____

Name, typed or printed

Social Security Number

Name when in attendance, if other than above

Phone: _____

School Personnel: Please include the school seal or authorized signature on the transcript and send directly to Wilson College.



COLLEGE/UNIVERSITY TRANSCRIPT REQUEST

TO: REGISTRAR, _____
Name of College/University

Address

I attended your college/university from _____ to _____. Please send a transcript of my record to **Adult Degree Programs, Wilson College, 1015 Philadelphia Avenue, Chambersburg, PA 17201**. Enclosed you will find the required processing fee. If there are any additional charges, please bill me.

Signed: _____

Address: _____

Name, typed or printed

Social Security Number

Name while in attendance, if other than above

Phone: _____

College/University Personnel: Please include the school seal or authorized signature on transcript and send directly to Wilson College.