

# Transcript Request Form

## Student Instructions:

Use this form to request official transcripts from Whitefield College. If you are unsure of exact dates, provide approximates. Please type or print clearly. A \$12.50 fee is required and must accompany this request. Make checks or money orders payable to **Whitefield College**, and mail this form along with the fee to:

**Whitefield College**  
**P.O. Box 6321**  
**Lakeland, FL 33807-6321**

Please note: No transcripts can be mailed until all financial obligations have been met. Please allow two weeks for delivery.

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Name on transcript (if different) \_\_\_\_\_ Dates attended \_\_\_\_\_

Social Security number \_\_\_\_\_ Student ID # \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

Street address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Student signature \_\_\_\_\_ Date \_\_\_\_\_

Please send one official transcript to: \_\_\_\_\_

\_\_\_\_\_

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