

## TRANSCRIPT PERMISSION FORM

I hereby give the Southern Wesleyan University Office of Admission permission to contact and request official transcripts from all secondary and post secondary schools I have attended. This information will only be used to complete my application to Southern Wesleyan University.

Print Full Name: \_\_\_\_\_ Maiden/Surname: \_\_\_\_\_

Current Address: \_\_\_\_\_

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

Phone (1): \_\_\_\_\_ Phone (2): \_\_\_\_\_ Birth Date: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

University Name: \_\_\_\_\_ Dates Attended: \_\_\_\_\_

University Name: \_\_\_\_\_ Dates Attended: \_\_\_\_\_

University Name: \_\_\_\_\_ Dates Attended: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Choose one:

Please send within two weeks to:

**Southern Wesleyan University  
Office of Admissions  
PO Box 1020, SWU Box 1928  
Central, SC 29630**

Please allow SWU to pick up transcript