



**GRADUATE SCHOOL OF BUSINESS**  
**transcriptrequestform**

**TO THE APPLICANT:**

Please complete this form and mail it to each undergraduate/graduate institution attended to request an official copy of your transcript. Include the appropriate fee, if any, when mailing.

Name of Applicant \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_  
Name When Enrolled (if different) \_\_\_\_\_ Daytime Phone ( \_\_\_\_\_ ) \_\_\_\_\_  
Dates of Enrollment \_\_\_\_\_ Degree and Year \_\_\_\_\_

*I authorize the release of a transcript of my academic record to the Graduate School of Business, Admissions, Gardner-Webb University.*

\_\_\_\_\_  
Signature Date

**TO THE REGISTRAR:**

Please send an official transcript of the above-named person's academic record to the following address:

*Gardner-Webb University  
Graduate School of Business  
Director of Admissions  
Campus Box 5168 • Boiling Springs, NC 28017*



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