



Wallace Community College

Wallace Campus at Dothan, Sparks Campus at Eufaula

TRANSCRIPT REQUEST

REQUESTS WILL BE PROCESSED IN 3-5 BUSINESS DAYS

Name _____ Student ID Number _____

Address _____
Street _____ City _____ State _____ Zip _____

Telephone (_____) _____ Date of Birth _____ Last Term of Attendance _____

Indicate any previous names _____

Student Copy Number Required _____ Mail to: _____

Official Copy Number Required _____

Mail after posting grades this term _____

Student Signature _____ Date _____

Deliver to: Enrollment Services, Wallace Campus or Student Services, Sparks Campus.
Mail to: Enrollment Services, 1141 Wallace Drive, Dothan, AL 36303 **OR**
Student Services, P. O. Drawer 580, Eufaula, AL 36072
Fax to: Wallace Campus (334)983-6066 or Sparks Campus (334) 687-2357
Email to : Admissions@wallace.edu

Office Use Only:
Date: _____

Processor: _____

3/2011