

George Williams College of
AURORA UNIVERSITY

Transcript Request Form



Applicant: Please complete the information below and send this form to every college or university you have attended to request your official transcript. **Your signature will be required.**

Name of Institution

Address

City State Zip

OFFICE OF THE REGISTRAR:

We are requesting your assistance in our effort to hasten the application process. Please send the applicant's official transcript to the address below. Thank you.

**Office of Admission
George Williams Campus of Aurora University
350 Constance Blvd.
P.O. Box 210
Williams Bay, WI 53191-0210**

Last name First name Middle or maiden name

Address

City State Zip

Social Security number Phone number

Enclosed is \$ _____ to cover the cost. Please bill me at the above address if the charge is more.

I hereby authorize the release of my transcript to Aurora University.

Signature

Date

Phone: 262-245-8564 Fax: 262-245-8505
E-mail: gwcadmission@aurora.edu Web site: www.aurora.edu/gwc

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