Wesley College
Transcript Request Procedure

On October 1, 2010, Toccoa Falls College accepted responsibility for custody of the academic records of students enrolled at Wesley College, Florence, Mississippi, previously known as Dallas Bible School, and Westminster College, both of Texas.

Official copies of transcripts are those provided by the Registrar’s Office of Toccoa Falls College and mailed directly to a college, business, etc. requested by the student or alum. Some colleges may accept a transcript as official if delivered by the student in a sealed envelope from TFC. Check with the recipient for their requirements.

- There is a $8 charge for the release of Wesley transcripts
- If your name has changed since you attended Wesley, please fax or mail a copy of your marriage license or court order documentation of legal name change so that we may update your records
- Please allow two business days for requests to be filled.
- Rank and SAT/ACT scores are not included on transcript.
- We do not issue or reproduce transcripts from other institutions. Requests for transcripts of work taken at other institutions must be directed to the institution concerned.

In order to protect the privacy of student records, the Family Educational Rights and Privacy Act of 1973 as amended, requires a student signature for each transcript request. Because of this, telephone requests can not be honored.

To request a transcript, please print and fully complete the transcript request form below. There are three ways you can get this to us:

| Mail:       | Registrar’s Office          | Fax:          | (706) 282 – 6011 |
|            | 107 Kincaid Drive           | Scan & E-mail:| registrar@tfc.edu |
|            | MSC 896                     |              |                  |
|            | Toccoa Falls, GA 30598      |              |                  |

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<th>$8 Fee per Transcript Paid by:</th>
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<tr>
<td>□ Check</td>
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*Transcript(s) will be released upon confirmation of payment

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Transcript Request

No. of copies requested: _______

Office of the Registrar
Toccoa Falls, GA 30598

Address you would like your transcript to be sent to:

Name: ____________________________

Date of Birth: __________

Date of attendance: __________

Last First Middle

Address: ____________________________

Street: ____________________________

City: ____________________________

State: __________

Zip: __________

Phone – In case we need to call you: __________

E-mail: ____________________________

Signature: ____________________________

Date: __________

FOR OFFICE USE ONLY

Notice Sent: __________

Approval: ________

Denial: ________

Transcript Mailed: __________