



Date _____

To Whom It May Concern:

Please consider this an official request for a copy of my academic transcript to be sent to:

Attention: **The Wescoe School of Muhlenberg College**
Accelerated Degree Program
2400 Chew Street
Allentown, PA 18104-5586

Enclosed is a check for \$_____ to cover the processing fee.

Thank you!

Name _____

Address _____

Telephone _____

Social Security Number _____

Approximate dates attended _____

Maiden name used while attending _____

Student signature _____