



# Workforce Continuing Education Student Record Inquiry

<b>For Office Use Only</b>	
Date Inquiry Taken	_____
<input type="checkbox"/> Counter	<input type="checkbox"/> Phone
Taken By	_____
Completed By	_____
Date Completed By	_____

### I. Student Information (please print legibly)

Name \_\_\_\_\_  
Last First Middle

Name while attending Wake Tech, if different from above:

Name \_\_\_\_\_  
Last First Middle

Daytime Phone Number: \_\_\_\_\_ Evening Phone Number: \_\_\_\_\_

Student ID \_\_\_\_\_ Dates you have attended Wake Tech: \_\_\_\_\_ To: \_\_\_\_\_  
Number (if known) Month/year Month/year

Date of Birth: \_\_\_\_\_

Program:  Continuing Education: \_\_\_\_\_

Unofficial Transcript

### II. Do you want your information mailed, faxed, emailed or do you plan to pick-up? (Check One)

Pick up  Beltline Center  Health Science  Southern Wake  Northern Wake  Public Safety

Mail to: \_\_\_\_\_  
Name Organization  
\_\_\_\_\_  
Address City State Zip Code

Fax to: \_\_\_\_\_  
Name Organization  
\_\_\_\_\_  
Fax Number Phone Number

Email to: \_\_\_\_\_  
(Receive a scanned copy via email)

**The information requested will be researched and either available for pick-up, mailed, faxed, or emailed, (based on your selection above) after 3 p.m. two business days after the date the inquiry was received by the Continuing Education Registrar's Office.**

\_\_\_\_\_  
Student Signature (Please print, sign and mail or email to vbrodie@waketech.edu) Date

### III. For Office Use Only

Comments regarding inquiry \_\_\_\_\_

\_\_\_\_\_

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