



Workforce Development Student Record Inquiry

For Office Use Only

Date Inquiry Taken _____

☐ Counter ☐ 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 _____
Number (if known) _____
Dates you have attended Wake Tech: _____ To: _____
Month/year Month/year

Date of Birth: _____

Program: ☐ Workforce Development: _____

☐ 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 Workforce Development Registrar's Office.

Student Signature (Please print, sign and mail or email to viperry@waketech.edu)

_____ Date

III. For Office Use Only

Comments regarding inquiry _____

Staff Signature _____ Date