

Check one: Transcript Other (If other is requested please list) _____

No transcript of a student's record will be issued until all financial obligations to the College have been satisfied. Non academic suspension and expulsion are recorded in the student educational record per 23NCAC02C.301. Accordingly, this information may appear on the student transcript.

Name _____
Last First Middle/Maiden

Student ID # or Last 4 digits of SS#: _____ Birth Date _____

Address: _____

City State Zip Phone: _____

Transcript is: College Curriculum ASSET/Compass

Or classes offered through the Foundation Building: Continuing Education Adult High School

Dates of Attendance: _____ Your name while enrolled: _____

Reason of Request:: Personal Transfer Work Other _____

Check one: **Mail** Immediately **Hold** for Current Grades **Hold** for Incomplete grade in course _____

Pick up at later date, when _____ Name, if someone other than yourself to pick up _____

Do you need: Official Transcript-Sealed Student transcript

I certify that the record I am requesting to be released is my own. I further understand that if I sign for another individual's record to be released, I will be held liable.

Date: _____ Student's Signature: _____

Please send a copy of my transcript to:

(1) To the Attention of: _____

Name of Institution: _____

Address: _____

City State Zip: _____

(2) To the Attention of: _____

Name of Institution: _____

Address: _____

City State Zip: _____

Office Use Only
Date Received: _____ Date Mailed: _____ By: _____ Comments: _____