



REQUEST FOR CE TRANSCRIPT

Continuing Education, PO Box 804, Spindale, NC 28160

Telephone: 828/286-3636

Fax: 828/286-8434

Full Name: _____

Student ID # or SS#: _____ Birth Date: _____

Address: _____

_____ Phone: _____

Transcript is: _____ Continuing Education _____ Adult High School

Dates of Attendance and Program: _____

Your Name While Enrolled: _____

Reason for Request (personal, transfer, job, etc.): _____

Check one: _____ **Mail** immediately _____ **Hold** for current grade: _____ **Pick Up** at a later date

Request requires a minimum 24 hour processing time.

Please note: additional processing time may be required during registration periods, graduation, and/or end of term processing.

Do you need (indicate quantities of each): _____ Official Transcript (Sealed) _____ Student Transcript

I certify the record 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 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: _____

For Office Use Only:

Date Received: _____ Date Mailed/Picked Up: _____ Completed By: _____

Comments: _____