



Continuing Education, PO Box 804 Spindale, NC 28160 | Phone: 828.395.1405 | Fax: 828.286.8434

Request for Continuing Education Transcript

NO TRANSCRIPT OF A STUDENT'S RECORD WILL BE RELEASED UNTIL ALL FINANCIAL OBLIGATIONS TO THE COLLEGE HAVE BEEN SATISFIED.

Full Name: _____

Student ID # or SSN: _____

Birth Date: _____

Address: _____

Phone Number: _____

Name While Enrolled: _____

Approximate Dates of Attendance: _____ Adult High School: Yes _____ No _____

Check one:

_____ **Mail**

_____ **Hold** for current grade

_____ **Pick Up**—who may pick up this transcript? Name: _____

REQUEST REQUIRES A MINIMUM 24 HOUR PROCESSING TIME.

PLEASE NOTE: ADDITIONAL PROCESSING TIME MAY BE REQUIRED DURING REGISTRATION PERIODS, GRADUATION, AND AT THE END OF TERM.

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: _____

TRANSCRIPT REQUESTS WITHOUT COMPLETE ADDRESSES WILL NOT BE PROCESSED.

Please send a copy of my transcript to:

(1) Name of Institution: _____

Department/Attention: _____

Address: _____

(2) Name of Institution: _____

Department/Attention: _____

Address: _____

For office use only:

Date Received: _____ Date Mailed/Picked Up: _____ Entered on TRRQ: _____