CENTRAL PIEDMONT COMMUNITY COLLEGE

Transcript Request Form

Today's Date: _____ Number of Official Copies: _____ Student ID # or SSN : _____

Student's Name Last : _____ First: _____ Middle Initial: ____

Maiden or other Name: _____ Home Phone #: _____

Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____

Date Last Attended (Semester/Year): _____ Date Graduated (Month/Year): _____

Type of Transcript Requested: _____**Adult High School only** _____ **Combined** (Curriculum/Continuing Education)

Hold for Current Semester Grades: Yes: _____ No: _____ Hold for Degree Posted: Yes: _____ No: _____

Student's Signature (Required): _____

_____(#) official copies to be mailed to:

School/Business/Person: _____

Attn: _____

Street Address/PO Box: _____

City/State/Zip: _____

_____(#) official copies to be mailed to:

School/Business/Person: _____

Attn: _____

Street Address/PO Box: _____

City/State/Zip: _____

_____(#) official copies to be mailed to:

School/Business/Person: _____

Attn: _____

Street Address/PO Box: _____

City/State/Zip: _____

To Mail this request: Send Check or Money order for $5.00 per official transcript to: Student Records Office, CPCC , PO Box 35009, Charlotte, NC 28235 (Make Payable to CPCC) Or **Fax** completed form to (704) 330-6007 and complete Credit Card Information below:

Amount ($5.00 per Official transcript): $ _____ Card Type (Circle one): Visa or Master Card

Credit Card Number: _____ Expiration Date: _____ V-Code from back: _____