



TRANSCRIPT REQUEST FORM

Transcripts are only distributed upon the written request of the student. All financial obligations to the college MUST be satisfied before transcripts will be issued. Transcripts cost \$2 each and will be mailed within 48 business hours of receipt of the request. Transcripts on demand and faxed transcripts can be obtained for a \$5 fee. If paying by check, the check must include a driver's license number and phone number.

SSN/ID _____ Daytime Phone (_____) _____

Name (Print) _____

Current Address _____ City, State, Zip _____

Email Address _____ Date of Birth _____

I give the college permission to secure my grades from the institution to which I am transferring for research purposes. Yes No

Student Signature _____ Date _____

Name under which you attended if different (Print) _____

Approximate Dates of Attendance _____

Specify: _____ Curriculum (Credit Courses) _____ Continuing Education (Non-Credit)
_____ AHS (Adult High School) _____ Other (Please Specify) _____

High School Equivalency transcripts must be obtained from the NC Community College website at www.nccommunitycolleges.edu (search for transcript)

Send _____ copy (ies) of my transcript now at the end of term/grades posted graduation

Send Transcript(s) to: ** Official transcripts will be mailed directly to the school **

Attention

Attention

School / Work Name

School / Work Name

Address

Address

City State Zip

City State Zip

----- RECORDS OFFICE USE ONLY -----

Issued to student in sealed envelope Date Sent _____ By _____

Submit completed form to the Registrar:
South Piedmont Community College
P O Box 126, Polkton, NC 28135
FAX: 704-272-5303