



# 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: \_\_\_\_\_