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Transcript Release

| | Date of Request:// | | | | |
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| Name (first, middle, last): | | | | | |
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| Street Address: | | | | | |
| City and State: | Zip Code: | | | | |
| Home Phone: | Business Phone: | | | | |
| Date of Birth: | Social Security #: | | | | |
| Transcripts will not be released for s students whose loans are in a defaul | tudents whose financial obligations to the College have not been met, nor to status. | | | | |
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| Are you an NC graduate? ☐ Yes ☐ N | 5 | | | | |
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| ☐ Mail transcript to specified address | ☐ I will pick-up transcript | | | | |
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