

Transcript Release

Date of Request: ____/____/____

Name (first, middle, last): _____

Maiden: _____ NC Student ID#: _____

Street Address: _____

City and State: _____ Zip Code: _____

Home Phone: _____ Business Phone: _____

Date of Birth: _____ Social Security #: _____

Transcripts will not be released for students whose financial obligations to the College have not been met, nor to students whose loans are in a default status.

Reason for transcript request: (Please check one)

<input type="checkbox"/> to keep for my records	<input type="checkbox"/> to submit to my employer
<input type="checkbox"/> taking quarter off	<input type="checkbox"/> taking quarter off for personal reasons
<input type="checkbox"/> transferring to another college (name): _____ please state reason for transferring: _____	

If you request an official transcript, you must provide the school's or company's name and address.

Official (\$5) # _____ requested Unofficial (Free) # _____ requested

Have you ever attended College Excel Program? Yes No

Are you an NC graduate? Yes No

Fax unofficial transcript to #: _____ Attn: _____

Email unofficial transcript to: _____

Mail transcript to specified address I will pick-up transcript

Send transcript to: _____

Date of attendance: _____ From: _____ To: _____

Send transcript: now end of quarter

Number of official copies: _____ (please enclose \$5 for each official copy)

Signature: _____ Date: _____

If additional transcripts are requested, please write addresses on the back of this form.

Please note: Transcripts are processed within two to three business days.

FOR OFFICE USE ONLY:

Student Accounts Release: Yes No By: _____ Date: _____

\$5 per transcript paid: Yes No By: _____ Date: _____

Student Records Release: Yes No By: _____ Date: _____

tm 4.12.18