

9/03  
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**TRANSCRIPT REQUEST - CURRICULUM**



Registrar's Office  
Central Carolina Community College  
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**FOR OFFICE USE ONLY**

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Student's Name (Print) \_\_\_\_\_  
Last First Middle/Maiden

Address \_\_\_\_\_

City/state \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Social Security Number \_\_\_\_\_ DOB \_\_\_\_\_

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Hold Until Current Grades are Posted

Hold Until Degree is Posted

Last term enrolled? \_\_\_\_\_ Curriculum? \_\_\_\_\_

Did you graduate? \_\_\_\_\_ When? \_\_\_\_\_

**AUTHORIZATION FOR TRANSCRIPT RELEASE** \_\_\_\_\_

**Your Signature Required**

Print plainly within the space provided the name and address of the person or institution you wish to receive this transcript.

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Transcripts will be sent out in turn as requests are received. Requests should be made at least one week before the transcript is needed. Fill out an additional request form if a second copy is to be sent to a different address. CCCC does not FAX transcripts, however we will accept a faxed transcript request. The college does not release transcripts or copies of transcripts from other institutions. Transcripts will not be released for any student whose financial obligations to the College have not been satisfied.