

**Transcript Request Form For
High School/ GED/ College**

Identification Data:

Name (As it appears on high school/college records)

Name (As it appears on CCCC records)

Social Security Number _____

Date of Birth _____

Last Date of Attendance _____

To the high school/college: One copy of this form is provided for your records. One should be attached to the transcript being sent to CCCC. If there is a charge, please notify the student at the address listed.

To the Applicant: As part of the admissions procedure, an official transcript is required from your high school and all colleges you have attended. Please fill out one form for each institution and mail directly to the institution you attended.

This authorizes release of my transcript to:

Admissions Office
Central Carolina Community College
1105 Kelly Drive
Sanford, North Carolina 27330-9046

Please bill me directly if there is a charge for the transcript.

Signature of Student

Address

City, State, Zip

1. Print this form. 2. Cut this form in half. 3. Send both copies to either your college or highschool.
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