

Continuing Education Transcript Request Form

All Sections Must be Complete to Ensure Processing of This Request.

IMPORTANT NOTICE! PLEASE READ.

- **GED or HiSET Transcripts:** Must be requested through DiplomaSender™ at <https://www.nccommunitycolleges.edu/students/what-we-offer/finish-high-school/>.
- **Adult High School Transcripts:** Email or mail this form to Career and Academic Engagement Coordinator, Nutan Varma, at nvarma@cccc.edu (Phone: 910-814-8975); email subject line "Transcript Request – Adult High School."
Mailing Address: CCCC Harnett Main Campus, 1075 E. Cornelius Harnett Blvd., Lillington, NC 27546-7672
Adult High School County of Attendance: _____ Year: _____
- **Degree/College-Credit Transcripts:** See details and instructions for Curriculum Transcripts at [CCCC Transcript Request](#)

All other requests (Continuing Education/Non-Credit) can be completed in-person or by returning this completed form via email or fax to the Student Records and Registrars Office (see information in upper right corner of this document).

Process Time: In-person requests are processed the same day. Emailed or faxed requests, please allow up two (2) business days from receipt of request. All Adult High School requests, please allow up to five (5) business days from the date we receive your request.

Type: _____ Official (Sealed) _____ Unofficial (**For Current Students: Unofficial transcripts are also available through the Self-Service App. in the CCCC Student Portal.** CCCC Student Portal login directions are available on the CCCC homepage (www.cccc.edu). If you need your student ID, please contact CE Support at 919-718-7500 or via email at cesupport@cccc.edu.)

REQUIRED INFORMATION

Current Legal Name: _____

Address: _____
Mailing Address City St Zip

Phone: (Cell) _____ (Home) _____

- **Best time to contact:** _____ Day _____ Evening

Date of Birth (mm/dd/yyyy): _____ **Student ID or SSN:** _____

Previous Name(s): _____

Send transcript to: _____

Hold for pick up by (Photo ID Required): _____

- You will be called at the phone number(s) listed above when the transcript is ready for pick-up.

STUDENT SIGNATURE REQUIRED: In accordance with the Family Educational Rights and Privacy Act of 1974 (FERPA), I hereby authorize the release of my transcript data to the agency or person listed above.

Student Signature: _____ **Date:** _____

Office Use Only: Date processed: _____ Processed by: _____
Notes:

This college does not release copies of transcripts from other institutions. A student signature is required on all transcript requests. There is no cost for non-credit transcript requests. Official transcripts may not be faxed.