

Date of Request _____

TRANSCRIPT REQUEST

Date Processed _____

CARTERET COMMUNITY COLLEGE, 3505 Arendell Street, Morehead City, NC 28557-2989

Phone: (252) 222-6200

Corporate and Community Education Division

Fax: (252) 222-6263

Name _____
Last First Middle/Maiden

(Name when registered at CCC if different from above)

Address _____

Social Security # _____ - _____ - _____ or

College ID# _____

Date of Birth ___/___/___ Phone () _____ - _____

E-mail Address _____

IS THE TRANSCRIPT TO BE MAILED?

- () Yes () Now *Unofficial Copy*
- () No, will be picked up () At end of the semester

PRINT the complete name and address of the person or institution to which this transcript is to be sent:

Number of Copies Requested: _____

Check Appropriate Box: YEARS ATTENDED

- () GED _____
- () Adult High School _____
- () Corporate & Comm. Ed. _____
- () Other (*Please explain*) _____

Are you enrolled at CCC now? ___ Yes ___ No

If "No", years in which you attended CCC: _____

Regulations Governing the Release of Transcripts:

1. Record confidentiality requires release of transcript only with written consent of student.
2. All financial and academic obligations to the College must be resolved before transcripts can be issued.



Student's Signature

(Authorization for release of education records)