



Mail To: Richmond Community College
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Print Form

Reset Form

ADULT HIGH SCHOOL Request for Transcript

Please complete a separate request form for each transcript copy that you want.

NO TRANSCRIPT WILL BE ISSUED UNTIL ALL FINANCIAL OBLIGATIONS TO THE COLLEGE HAVE BEEN SATISFIED. WE DO NOT FAX TRANSCRIPTS. BASIC SKILLS OFFICE REQUIRES A 24-HOUR NOTICE OF A TRANSCRIPT REQUEST.

Last Name Social Security # Date of Birth

First Name Middle Name Maiden Name

Address

City State Zip Code

email Phone Number

Date of completion:

DO YOU WANT: Official transcript (signed with college seal) Student copy (unofficial)

DO YOU WANT: To pick up transcript The College to mail the transcript to:

Mail Transcript to:

Name

Address

City State Zip Code

Signature: _____ Current Date

This authorizes release of my AHS transcript(s)

FOR OFFICIAL USE: Transcript issued (date) _____ By: _____