



Serving Richmond and Scotland Counties

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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. COLLEGE & CAREER READINESS (BASIC SKILLS) OFFICE REQUIRES A 24-HOUR NOTICE OF A TRANSCRIPT REQUEST.

LAST NAME FIRST NAME MIDDLE INITIAL

MAIDEN NAME SOCIAL SECURITY # DATE OF BIRTH

ADDRESS

CITY STATE ZIP CODE

PHONE NUMBER DATE OF COMPLETION:

EMAIL ADDRESS

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

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

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