

OR

**Mail To / Email To / Fax To:**

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| ATTN: Jane Perry  Richmond Community College  PO Box 1189, Hamlet NC 28345  Telephone: 910-410-1779  Fax: 910-582-7102  [bjperry@richmondcc.edu](mailto:bjperry@richmondcc.edu) | ATTN: Tara McDuffie  Richmond Community College  600 McLean St, Laurinburg NC 28352  Telephone: 910-410-1769  Fax: 910-610-1518  [tdmcduffie@richmondcc.edu](mailto:tdmcduffie@richmondcc.edu) |

*Serving Richmond and Scotland Counties*

**ADULT HIGH SCHOOL REQUEST FOR TRANSCRIPT**

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| **FOR OFFICIAL USE ONLY: Transcript issued (date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**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.**

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

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| **Student Information (Please Print Legibly)** | | |
| **Full Name (First, Middle, Last):** | **Name Used During Testing (Maiden Name, etc.):** | |
| **Current Mailing Address, City, State and Zip Code:** | | |
| **Phone Number:** | **Date of Birth:** | **Last 4 digits of SS #:** |
| **Personal Fax #:** | **Date Completed High School Diploma Program:** | |
| **Personal Email Address:** | | |

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| **Type of Transcript Needed (Please Check All That Apply)**  **1. Official Transcript (signed with college seal) \_\_\_\_\_\_\_\_\_\_ 2. Student Copy (unofficial transcript) \_\_\_\_\_\_\_\_\_\_** | |
| **How To Send Transcript (check one):**  **Pick Up In Person from Honeycutt Center, Laurinburg Campus. \_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Pick Up In Person from Lee Building, Hamlet Campus.** \_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Mail to address below. \_\_\_\_\_\_\_\_\_\_\_\_** | |
| **Mail Transcript To:**  **College or Recipient’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **(City, State, Zip) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |
| **Signature Authorizes Release of Official, Unofficial Adult High School Transcript**  **Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |