



CENTRAL CAROLINA COMMUNITY COLLEGE
 BELL WELCOME CENTER
 CONTINUING EDUCATION TRANSCRIPTS
 1105 KELLY DRIVE
 SANFORD, NC 27330
 EMAIL: cesupport@cccc.edu
 PHONE: 919-718-7500 OR 1-800-682-8353
 FAX: 919-718-7412

TRANSCRIPT REQUEST
NON-CREDIT CLASSES

Continuing Education Department

All sections must be completed to ensure processing of this request.

NAME _____
 Last First Middle SSN or Student ID

ADDRESS _____

 City State Zip

PHONE (____) _____ (____) _____
 Day Evening

PREVIOUS NAME(S) _____ BIRTH DATE _____

TRANSCRIPT REQUEST: Official (Sealed) Unofficial
 Date of Last Enrollment: _____ Year Spring Summer Fall

Program: HS Diploma Year Graduated: _____ ConEd/ Specify: _____
 Campus Attended: Chatham Harnett Lee

For GED or HiSET transcripts, visit www.nccommunitycolleges.edu

- Process now* (Do not hold for current semester grades.)
- Hold until current grades are posted (Please allow up to 4 weeks from the end of a class.)

Send transcript to:	Hold for pick up by: (Photo ID required)
_____	You will be called at the phone number(s) listed above when transcript is ready for pick-up.

	Name of person picking up transcript (Photo ID Required): _____

In accordance with the Family Educational Rights and Privacy Act of 1974, I hereby authorize the release my transcript data to the agency or person listed above.

Student Signature _____ Date _____

***All transcript requests will be processed, within five business days, in the order in which they are received.**
 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.

OFFICE USE ONLY:
 Date Processed: _____
 Processed by: _____
 Notes: _____
