

CENTRAL CAROLINA COMMUNITY COLLEGE ADULT HIGH SCHOOL TRANSCRIPTS

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TRANSCRIPT REQUEST ADULT HIGH SCHOOL

CCR/Basic Skil	ls Department	<u>ADULT H</u>	IGH SCHOOL	1AX. 310 014 0	3037	
		All sections must be complet	ted to ensure processing of t	his request.		
NAME						
	Last	First	Middle		SSN or Student ID	
ADDRESS						
	City		State	Zip		
PHONE	()		()	·		
THONE	(Day		Evening		
PREVIOUS NAME(S)				BIRTH DATE		
TRANSCR	IPT REQUEST:	Official (Seale	ed) 🗌 Unofficial			
Date	of Last Enrollme	nt: Year	Spring S	Summer \square	Fall	
Date	or Last Lindinie	Tear			i ali	
	¬					
Program: [JHS Diploma Y	ear Graduated:				
	Campus	Attended: Chatha	m Harnett	Lee		
	Campus					
	For GED or H	iSET transcripts, visit	www.nccommur	nitycolleges.c	<u>edu</u>	
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	Process r	now* (Do not hold for	current semester gr	ades.)		
	Hold unti	I current grades are po	osted (Please allow u	ıp to 4 weeks fr	om the end of a class.)	
Send tra	anscript to:		Hold for pick up	hv: (Photo II	D required)	
Seria transcript to:			you will be called at the phone number(s) listed			
			above when tran	-		
			Name of person pic	king up transcrip	pt (Photo ID Required):	
In accordance	with the Family Fe	ducational Dights and Dri		oby authoriza t	the release my transcript	
	gency or person list	-	vacy Act of 1974, Then	eby authorize t	the release my transcript	
data to the ag	series of person list	ca above.				
Stuc	lent Signature			Date		
* 411.						
-	requests will be proc they are received.	essed, within five to seven	n business days, in the	OFFICE USE ON		
	-	of transcripts from other in	nstitutions.		l:	
		Il transcript requests.				
		ol transcript requests.		Notes:		

Official transcripts may not be faxed.