



CENTRAL CAROLINA COMMUNITY COLLEGE
Student Records and Registrar Office
CONTINUING EDUCATION TRANSCRIPTS
 1105 KELLY DRIVE
 SANFORD, NC 27330
 EMAIL: admissions@cccc.edu
 PHONE: 919-718-7201 OR 1-800-682-8353
 FAX: 919-718-7379

TRANSCRIPT REQUEST Personal Enrichment or Short Term Training CLASSES

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

Campus Attended: Chatham Harnett Lee

- 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, unless your transcript was generated prior to 2007 and must be researched. Transcripts are processed 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 Continuing Education (personal enrichment or short term training) transcript requests.
 Official transcripts may not be faxed.

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