TRANSCRIPT REQUEST FORM

This information can be mailed to: Roanoke-Chowan Community College Attn: Cashier

109 Community College Road, Ahoskie, NC 27910-9522 or Fax # (252) 862.1356

| \$5 FOR EACH OFFICIAL TRANSCRIPT | : NUMBER REQUESTE | ED |
|--|----------------------------|--------------------|
| NO CHARGE FOR UNOFFICIAL TRANSCRIPT | | |
| Make Check (include state, driver s license number ar | • | |
| Or call 252-862-1214 for payments made by VIS | A and MASTERCARD (cre | edit or debit). |
| Please process my | transcript as indicated: | |
| CHECK ONE: PIC | CK UP: MAIL: | |
| HOLD until present semester grade | s are recorded: | |
| meone else is scheduled to pick up your transcript, please pro | vide his/her name here (ID | is required): |
| NOTE: TRANSCRIPT WILL NOT BE PR | ROCESSED UNLESS F | FORM IS COMPLETED. |
| PLEASE ALLOW %' BUSINE | SS DAYS FOR PROC | ESSING. |
| CTUDENT'S SIGNATURE (Required) | | |
| STUDENT'S SIGNATURE (Required) | | |
| DATE: | | |
| STUDENT I.D. NUMBER OR SOCIAL SECURITY NUM | MRER: | |
| (Please print) | WDLIX | |
| FULL NAME: | | |
| | | ast |
| Mailing Address: | | |
| City: | | Zip: |
| Telephone Number: | | • |
| | Last year you attended: | |
| | Lasi | year you attended |
| MAIL MY TRANSCRIPT TO: | | |
| Pe | erson/College/Department | |
| Full Mailing Address: | | |
| - an manning / taureee. | | |

Revised Sep '14 previous editions obsolete