



## Request for Transcript

To Be Sent to Mitchell Community College Admissions and Records Office

Attention \_\_\_\_\_  
*Name of high school, college or testing service*

Document requested: \_\_\_\_\_  
 High School       College       College Placement Test

Please send an official transcript of my record to the address shown below. To be official, the transcript **must** be sent in a sealed envelope. **High school transcripts must indicate graduation date.** Attach this form or a copy of this form to my transcript to ensure proper identification.

Mitchell Community College  
Attn: Admissions and Records  
500 West Broad Street  
Statesville, NC 28677-5264

Student's Full Name (please print) \_\_\_\_\_

Name under which enrolled (if different) \_\_\_\_\_

Social Security Number \_\_\_\_\_ Birthdate \_\_\_\_\_

Current Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Dates of Attendance \_\_\_\_\_ Graduation Date \_\_\_\_\_

Student's Signature \_\_\_\_\_ Date of Request \_\_\_\_\_

**PLEASE NOTE:** Most colleges and some high schools charge a fee to process transcript requests. Check with your school for the appropriate fee which must be enclosed with this request form.