



Today's Date \_\_\_\_\_

Check one:  Pick Up  Mail Now  Mail at end of Semester

Name \_\_\_\_\_

Social Security No. \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_

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

Telephone \_\_\_\_\_

Presently enrolled at Mitchell?  Yes  No

If no, last date you attended \_\_\_\_\_

**PLEASE FORWARD A COPY OF MY TRANSCRIPT TO:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Check all that apply:

- Adult High School Diploma
- Continuing Education

Transcripts are not released without the written permission of the student. Allow at least 48 hours for transcripts to be prepared, and up to 5 days at the end of a semester.

\_\_\_\_\_  
*Signature*

Fax or mail completed document to:  
**Computer Operator, Continuing Education Center**  
Mitchell Community College  
701 West Front Street, Statesville, NC 28677-5644  
Fax (704) 878-4271