



OFFICE USE ONLY Date Processed: _____ Notes: _____ _____
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Continuing Education Transcript Request Form

Student Information (please print legibly):

***Complete this request form completely. Failure to provide all information could cause a delay in processing.**

 (Current Last Name) (First Name) (Middle) Previous or Maiden Name(s)

Current Address: _____

City & State: _____ Zip Code: _____ Phone: () _____

Date of Birth:(**required**) _____ Last Year Attended: _____ Student ID#: _____
 (Approximate) (Or last 4 of SSN)

In compliance with the Family Educational Rights and Privacy Act of 1974, it is the policy of Mitchell Community College not to release this transcript to any individual, agency, or organization without the written & signed consent of the student.

Signature (Required): _____ **Date** _____

Transcripts are processed within 2-3 business days. Photo ID required for all requests. Please check appropriate box for type of transcript requested.

Unofficial (email or fax) **Official**

Check one of the following:

- () I will PICK-UP my transcript in 2 -3 days (*Picture I.D. required upon pick-up*)
- () Please fax to : _____
- () Email to: _____
- () Please MAIL my transcript to the following address:
 College/Organization/Name: _____
 Address: _____
 City, State & Zip Code: _____

- Please allow **5** days at the end of semester for the request to be completed.
- **ALL financial obligations to Mitchell Community College must be met before a transcript can be issued.**
- Completed form, along with a copy of your photo ID, can be faxed to (704) 228-2306 or mailed to the following address:
 Mitchell Community College
 Continuing Education Registrar
 701 W. Front St.
 Statesville, NC 28677