

TRANSCRIPT REQUEST (from PCC)

OFFICE OF ADMISSIONS AND RECORDS - PITT COMMUNITY COLLEGE

Mail to: Registrar's Office Pitt Community College P.O. Drawer 7007 Greenville, NC 27835-7007

*NOTE transcripts are ready to be mailed or picked up within 1-2 business days.

Please fill out the information in the fields below, then print this form and sign it.

There is a \$5 fee for each transcript requested. Please enclose check or money order made payable to "Pitt Community College" with your request.

NAME AND ADDRESS IN FULL:

PHONE

SSN

[Phone input box]

[SSN input box]

[Name and address line 1 input box]

[Name and address line 2 input box]

[Name and address line 3 input box]

NUMBER OF COPIES

[Number of copies input box]

PICK UP: (Transcript will be mailed if not picked up within 72 hours)

OR

MAIL TO:

[Mail to line 1 input box]

[Mail to line 2 input box]

[Mail to line 3 input box]

COMPLETE THE FOLLOWING:

A. Currently enrolled? YES NO

B. If no, date last enrolled [input box]

B. If you are currently enrolled, do you desire that we hold this request until current semester grades have been recorded?

YES NO

C. Name used in school if different from that shown: [input box]

IN ACCORDANCE WITH THE FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT OF 1974, I HEREBY GRANT PERMISSION TO RELEASE A COPY OF MY OFFICIAL TRANSCRIPT.

Signature: _____

Date: _____

For Office Use Only:

Amount Received: _____ Authorized Signature: _____ Date: _____

Registrar's Office:

Authorized Signature: _____

Holds Checked by: _____

Holds Cleared: Yes No

Date: _____