

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 \$5.25 fee for each transcript requested. Please enclose check or money order made payable to "Pitt Community College" with your request. No personal checks accepted.

NAME AND ADDRESS IN FULL:

PHONE

SSN

[Empty box for phone number]

[Empty box for SSN]

[Empty box for name and address line 1]

[Empty box for name and address line 2]

[Empty box for name and address line 3]

NUMBER OF COPIES

[Empty box for number of copies]

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

OR

[] MAIL TO:

[Empty box for mail to line 1]

[Empty box for mail to line 2]

[Empty box for mail to line 3]

COMPLETE THE FOLLOWING:

A. Currently enrolled? [] YES [] NO

B. If no, date last enrolled [Empty 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: [Empty 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: _____