Request for Academic Transcript *from* Montgomery Community College

Social Security Number_____ Date of Birth_____
(Your Social Security Number is requested for record identification purposes only.)

Full name (print)_____

Full name while attending MCC ***if different from above*** (print)_____

Current address_____
Street/Route/P.O. Box City State ZIP

Home phone #_____ Email address_____

Major at MCC_____ Approximate dates of attendance_____

Please read carefully!

If we are to mail the information from MCC to another location, *you must provide complete address information*. If you do not include the mailing address, your request form will be returned to you for completion before the request will be processed. This will cause a delay in processing the request.

"*Official*" transcripts bear the Registrar's signature and are usually mailed directly from MCC to the employer or educational institution. Unofficial transcripts are stamped "Issued to Student." Many agencies and institutions will not accept a transcript as official unless they receive it directly from MCC through the mail. Unofficial transcripts may be faxed; ***official*** transcripts cannot be faxed.

1. I am requesting 1 copy of my ☐ curriculum transcript ☐ continuing education transcript ☐ GED/AHS transcript
   ☐ Placement test scores ☐ HESI/TEAS scores
   ☐ other; specify_____
2. The requested information is for ☐ my personal records ☐ another college ☐ the military ☐ employment purposes ☐ other
3. Please issue the information ☐ now ☐ upon graduation ☐ upon completion of the current term
4. The information is for _____
   Individual's Name, Agency, or College/University
   _____
   Street/Route/PO Box City State ZIP
5. ☐ Yes, the information needs to be "***official***."
6. ☐ **Do not mail the information; I will pick it up at the Information Desk in Building 100**. The receptionist at the Information Desk will be able to tell you if the material is ready and available for pick-up. Call 910-576-6222, Extension 600, to check on the progress of your request. Documents remaining at the Information Desk after two weeks will be destroyed.
7. Comments/Notes_____

Student's Signature_____ **Date**_____

Return the completed form by mail, fax, or email to:

There is no transcript fee.

Enrollment Office
Montgomery Community College
1011 Page Street
Troy, North Carolina 27371

Fax number: 910.576.2176
Email address: mcctranscripts@montgomery.edu

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CU CE CB GED/AHS Test Scores Other_____

Date issued/mailed/emailed/faxed_____ **By**_____ **Mail each term**_____

Notes_____