



Instruction Office Official Transcript Request Form

(Please Print)

Name: _____
Last Name First Name Maiden/Middle Name School Record Under Name Of

Social Security Number: _____ - _____ - _____ Date of Birth: _____ / _____ / _____

Date of Attendance or Graduation: _____ / _____ / _____ Phone Number: (_____) _____ - _____

INDICATE DEGREES RECEIVED:

Diploma: _____ / _____ Associate's: _____ / _____
Month Year Month Year

Bachelor's: _____ / _____ Master's: _____ / _____
Month Year Month Year

Doctorate: _____ / _____ Other: _____ / _____
Month Year Month Year

Coastal Carolina Community College requires that an **OFFICIAL** transcript be sent from **EACH** college or university that you have attended. **Coastal Carolina Community College is not responsible for the payment of transcript fees.**

My signature below authorizes release of transcripts.

Signature Date: _____ / _____ / _____

Please attach this form to an **OFFICIAL COPY** of the transcript and send to:

Coastal Carolina Community College
Vice President Dewey H. Lewis
Instruction Office
444 Western Boulevard
Jacksonville, North Carolina 28546-6816
(910) 938-6224