



Coastal Carolina Community College Request for Transcript or Placement Test

(no fee required)

Send completed form to:

Coastal Carolina Community College -Registrars Office
444 Western Boulevard
Jacksonville, NC 28546
Fax: (910) 455-2767

Date Requested

Student Information *(All financial obligations must be satisfied before processing.)*

First Name

MI

Last Name

Name used when registered if different from above:

Date of Birth

Social Security #

OR Student ID

Year Attended

(e.g. 2005)

Telephone

Is this transcript:

- Curriculum (credit) Courses Continuing Education (non-credit) Adult High School or GED COMPASS/ASSET Test

Do you want:

Official Transcript

Number Requested

Should we:

Issue transcript now

Student Transcript

Number Requested

Hold for term grades
(end of semester)

Delivery Method (please select one)

Pick Up - Photo ID (student ID, drivers' license, etc.) is required to pick up your transcript

Someone else to pick up transcript. If so who?

Name:

Fax unofficial transcript

Fax Number:

Recipient Name:

Mail transcript to the college, university, or individual listed below

College or

Recipient Name:

College or

Recipient Name:

Address 1:

Address 1:

Address:

Address:

City:

City:

State

Zip

State:

Zip

Student Signature:

If you are picking up transcripts, they must be picked up within thirty (30) days.

Office Use Only

Date Transcript Processed