

ONLINE TRANSCRIPT REQUEST FORM

SANDHILLS COMMUNITY COLLEGE

Business Office * 3395 Airport Road * Pinehurst, North Carolina 28374 * Fax: (910) 695-3981

Instructions:

1. Print and complete this request form completely.
(**Failure to provide all requested information could cause a delay in processing.**)
2. **There is a \$5.00 fee for EACH official transcript. There is no fee for unofficial transcripts.**
Enclose Check or Money Order with this form and mail to the above address or for faster service, complete the payment information at the bottom of this form and fax it to the number provided.

Transcript requests are processed within 2-3 days.

Please allow 4-5 days at the end of each term and during registration for the request to be completed.

ALL financial obligations to Sandhills Community College must be met before transcript can be issued.

The following information is provided to help in locating my records:

ALL names used by student _____
(Current Last Name) (First Name) (Middle/Maiden)

Current Address _____

City, State _____ Zip Code _____ Phone _____

Date of Birth _____ Last Year Attended _____

In compliance with the Family Educational Rights and Privacy Act of 1974, it is the policy of Sandhills Community College not to release this transcript to any individual, agency, or organization without the written & signed consent of the student.

Signature (Required): _____ **Date** _____

I will **PICK-UP** my transcript (Picture I.D. required upon pick-up)

Please **MAIL** my transcript to the following address:

Number of
Copies

Address: _____

City, State & Zip Code _____

Please Check One: Unofficial Officially Sealed

HOLD for current semester final grades:

Indicate Semester grades to wait on: { } FALL { } SPRING { } SUMMER

Wait for graduation information to be added at the end of term: { }

If you want to send this request via fax, print your Mastercard or Visa credit or debit card number below (include the expiration date and the amount of your payment) and fax to (910) 695-3981.

Card Number: _____ Exp. Date: _____ Amount: \$ _____