

SANDHILLS COMMUNITY COLLEGE

3395 Airport Road * **Attn: Business Office**
Pinehurst, North Carolina 28374
Fax: (910) 246-4113 for **official transcripts**
Fax: (910) 695-3981 for unofficial transcripts

Business Office Only:
Amount Received: \$ _____
Receipt Number: _____
Date Received: _____
Received by: _____
Holds Checked/Removed: _____

Records Office Only:
Date Processed: AM/PM _____

Transcript Request Form

Student Information (please print legibly):

*Complete this request form completely. Failure to provide all information could cause a delay in processing.

(Current Last Name) (First Name) (Middle) Previous or Maiden Name(s)

Current Address: _____

City & State: _____ Zip Code: _____ Phone: () _____

Date of Birth: **(required)** _____ Last Year Attended: _____ Student ID#: _____
(Approximate) (Or last 4 of SSN)

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** _____

Transcripts are processed within 2-3 business days. We **do not** Fax or Email transcripts.

Write the number of transcripts needed in the appropriate box:

Unofficial (No charge)

**Official to be mailed \$10.85 (\$8.00 transcript+\$2.85 for shipping)
Payable in the Business Office**

**Official for pick-up \$8.00
Payable in the Business Office**

_____ **HOLD** until current semester
grades are posted.
OR
_____ **HOLD** until degree information is
posted.

Check one of the following:

() I will PICK-UP my transcript in 2 -3 days (*Picture I.D. required upon pick-up*)

() Please MAIL my transcript to the following address:

College/Organization _____

Address: _____

City, State & Zip Code: _____

() I give permission for someone else to PICK-UP my transcript in 2 -3 days: (*Picture I.D. required upon pickup*)

If you want to send this request via fax, print your American Express, Discover, MasterCard or Visa credit/debit card number below (**include the expiration date, CVV code and the amount of your payment**). Fax to (910) 246-4113 or mail your check or money order to: **Sandhills Community College, Attn: Business Office, 3395 Airport Rd., Pinehurst, NC 28374**

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

CVV Code: _____ (The CVV code is the last 3 digit number located on the **BACK** of your card. The CVV code on American Express cards is located on the **FRONT** above the end of your card number)

- Please allow **4-5** days at the end of term and during registration for the request to be completed.
- **ALL financial obligations to Sandhills Community College must be met before an OFFICIAL transcript can be issued.**