

Continuing Education 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

Official

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*)

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- 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.**
 - Completed forms can be faxed to (910) 692-6998 or mailed to:
Sandhills Community College
Attn: Continuing Education
3395 Airport Road
Pinehurst, NC 28374