Online Transcript Request Form

**Student Information (please print legibly):**

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

<table>
<thead>
<tr>
<th>(Current Last Name)</th>
<th>(First Name)</th>
<th>(Middle)</th>
<th>Previous or Maiden Name(s)</th>
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Current Address: __________________________________________________________

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

Date of Birth: __________________________ Last Year Attended: __________________________ (Approximate)

Student ID#: __________________________ (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 ($3.00 - Payable in the Business Office)

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.